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ABSTRACT

A total of 14 child placement prevention projects funded by the state of Wisconsin from 1983 to 1985 were evaluated. Data utilized in the evaluation pertained to 331 cases involving 826 children. All client data were collected from a series of assessment forms which requested monthly reporting by each family's social worker. Data about family and child characteristics, prior service history, child placement history, current problem areas, service plan, hours of service in various types of direct and indirect client contact, case disposition, and 3-month follow-up were obtained from each family. Data were analyzed using the SPSS-X statistical package. Progress toward achievement of project goals was assessed by reviewing reports that project directors were required to submit on a quarterly basis. Evaluation questions included the following: (1) What are the characteristics of families served by the projects? (2) How much time is spent in various client- and non-client-centered tasks? (3) What factors are associated with successful and unsuccessful outcomes? (4) Is progress gained during the course of service being maintained after case closure? and (5) Have projects achieved their stated goals? Appendices provide the request for proposal used by the Wisconsin Department of Health and Social Services, assessment forms used in the evaluation, and a key to the characteristics of the projects evaluated. (RH)

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EVALUATION OF FOURTEEN CHILD PLACEMENT PREVENTION PROJECTS IN WISCONSIN 1983-1985

By

Miriam J. Landsman

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December 1985

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EXECUTIVE SUMMARY

EVALUATION OF FOURTEEN CHILD PLACEMENT PREVENTION PROJECTS IN WISCONSIN

This report presents a summary of an evaluation conducted by the National Resource Center on Family Based Services, The University of Iowa, of fourteen child placement prevention projects funded by the state of Wisconsin from 1983 to 1985.

BACKGROUND

In 1983, the Wisconsin Department of Health and Social Services, Division of Community Services, allocated $1,959,825 from the state's biennial budget for child placement prevention projects. County departments of social services were invited to submit proposals for programs to prevent placement of children out of their homes and to reduce counties' use of substitute care. A maximum award of $200,000 over the two-year period was permitted. Following a competitive review process, fourteen diverse projects were funded.

METHODOLOGY

The study population consisted of 331 families, containing 826 children, who were served by these projects during the data collection period--December 1983 through May 1985.

All client data were collected from a series of assessment forms which requested monthly reporting by the family's social worker. Data on family and child characteristics, prior service history, child placement history, current problem areas, service plan, hours of service in various types of direct and

indirect client contact, case disposition, and three-month follow-up information were obtained on each family. Data were analyzed using the SPSS-X statistical package.

Progress toward achievement of project goals was assessed by reviewing reports which the project directors were required to submit on a quarterly basis.

The evaluation questions addressed in this study are as follows:

- What are the characteristics of families served by the projects?
- How much of workers' time is spent in various client and non-client centered tasks?
- What factors are associated with successful and unsuccessful outcomes?
- Is progress gained during the course of service being maintained after case closure?
- Have projects achieved their stated goals?

PROJECT FAMILIES

Fifty-seven percent of the families served were headed by a single parent. Nearly two-thirds of all families had annual incomes of $10,000 or less. Slightly more than half of the families were supported solely by public assistance programs, but nearly one-third were entirely self-supporting. The median family size was four members, but this ranged from 2 to 11. More than half of the families had only one or two children.

When parents' educational attainment was known, most often the parent had a high school degree or its equivalent.

CHILD CHARACTERISTICS

Children served by the projects represented all age ranges. There was a nearly equal distribution of male and female children. Seventy-seven percent of the children were Caucasian; the two largest minority groups were Blacks (9%) and Native Americans (9%). Five hundred and twenty-two of the 826 children were considered at risk for placement.

SERVICE HISTORY

Most families had received some services in the past. Those noted most frequently were child protective services and foster care. Families were referred to the child placement prevention projects from many different sources, most often a social service agency.

PLACEMENT HISTORY

One hundred and nineteen of the 331 families had at least one child placed in substitute care at some time prior to project intake. A total of 193 children in these families had experienced out-of-home placement at some time in their lives.

SERVICES PROVIDED

The types of services most frequently noted in families' case plans were individual counseling (44%), usually involving a parent, and one-to-one parent training (42%). Case coordination, substance abuse treatment, family counseling, mental health treatment, dyad counseling, parent aide service, self-help groups, and parent education gruops were each noted for at least 15% of the project families.

HOURS OF SERVICE

Workers spent an average of 19.6 monthly hours in direct and indirect contacts with each family: 4.7 hours in the home, 1.7 in the office, 2.8 in telephone, field and group contacts, 2.3 in collateral contacts, 2.2 in transportation, 2.5 in paperwork, 2.4 for purchased supportive services, and one hour per month in other indirect activities. Size of caseload was not obtained, because in some projects workers carried both project and project cases.

LENGTH OF SERVICE

The length of time families were involved in the projects, as measured by the number of months cases remained open, varied greatly--from one to eighteen.

The 215 cases which had closed by the end of data collection were fairly evenly distributed from 1 through 9 months, dropped off somewhat from 10 to 12 months and more sharply thereafter. For cases that remained open at the end of data collection, 32% had been open for 10 months or longer.

OUTCOMES

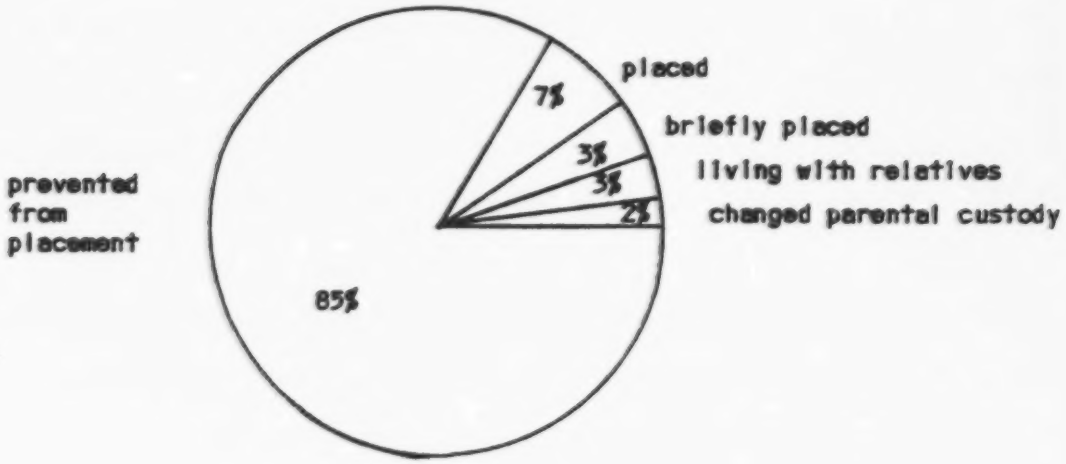
At case closure or at the end of data collection, children were assigned a placement status based on where they were living at this time. The following figure illustrates the percentages of children with each placement status.

For prevention cases:

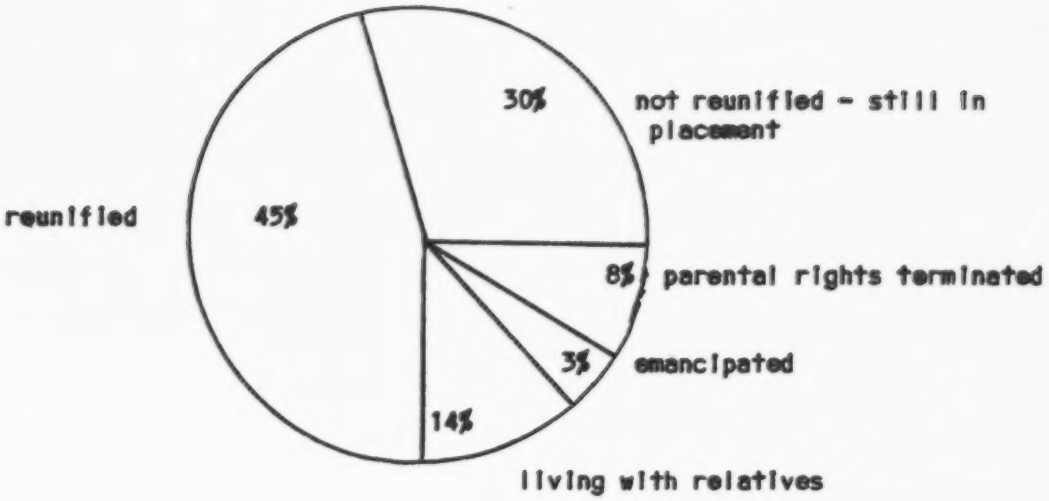
- 90% of all children, or 82% of at-risk children, were living with at least one parent at the end of data collection

PLACEMENT STATUS OF ALL CHILDREN

PREVENTION CASES



REUNIFICATION CASES



- 93% of all children, or 87% of at-risk children, were prevented from entering foster or institutional care

For reunification cases:

- 45% of children were reunified with their families

FAMILY FUNCTIONING

The monthly assessment forms contained a matrix to derive information about families' status with regard to a number of problem areas. The 31 items fall into four groups: social issues, parental issues, child issues, and family relationship/management issues. Workers were asked to rate the extent to which each item was a problem for families, on a monthly basis.

A number of items, particularly parental issues, showed statistically significant improvement over time. These items are: clothing and nutrition (social issues); mental health, abuse of children, neglect of children, substance abuse, social isolation, and law violations (parental issues); school performance, mental health, and behavior (child issues); and discipline of children, nurturance, marital relationship, sibling relationships, family communication, realistic expectations of children, and respecting children's need for independence (family relationship/management issues).

FOLLOW-UP

Follow-up information was available on 74% of the closed cases in the study. For the most part, three months after case closure children had remained at the same placement status. Eighty-four percent of the families for whom this information was available felt that their family had been helped very much or somewhat by the service they had received.

FACTORS RELATED TO OUTCOME

Most demographic factors had no relationship to case outcome. Thus single-parent families, families receiving public assistance, large families, families of adolescents, and minority families were no more likely to have unresolved outcomes than other families. The data suggest that where child placement is concerned, stereotypes of dysfunctional families may be erroneous.

Income and associated social problems were related to case outcomes. Income, housing, medical care, nutrition, and transportation were more frequently assessed as problems for families whose children did not have successful resolutions. This suggests that poverty and associated social problems may be significant forces in hindering prevention efforts and in keeping children in substitute placements.

In this service population, children who had experienced multiple placements, children who had spent long periods of time in out-of-home care and children who had been placed for reasons of abuse or neglect rather than for health or child behavior were more likely to remain in unresolved situations. One must regard placement history as a predictor of future placement with caution; if placement was inappropriate to begin with, it should not be used to rationalize subsequent placements. The data point to a strong need for intervening in this placement cycle.

Several parent problem areas were correlated with case outcomes: mental health, substance abuse, social isolation, and child neglect. However, no child problem areas were related to case outcomes. This either means that social workers deal more intensely with the parent(s) than with the child, and therefore assess parental issues more accurately; that a child's fate is

essentially determined by the parent(s) willingness or ability to make the requisite changes; or both.

Numerous family relationship/management issues were correlated with case outcomes, though only one--nurturance--emerged in the multiple regression analysis to account for 19% of the variance in case outcome.

The amount, intensity, length and type of services provided held no explanatory power over case outcomes, with the exception of parent aide services in the case plan, which explained a modest 7 percent of the variance in outcomes. There are several possible reasons for this. For one, the projects varied so much that there may have been no optimal level of service which could meet the range of family needs. Secondly, the data collection methods failed to capture certain factors which might have proven significant: worker education and experience and size of caseloads. Also, the method of recording service hours may have been deficient. Had number of contacts rather than hours been requested, this might have proved meaningful in explaining outcomes. It is equally likely that there were organizational variables which might have proven significant in explaining case outcomes, but which were simply not captured by the limited scope of this evaluation. This is an area which needs more emphasis in research.

Results of the multiple regression analysis suggest that nurturance is a significant variable affecting case outcomes. This element is present to some extent in all four variables in the equation: as a family relationship issue; as a past indicator of child placement (abuse or neglect); as an aspect of neglectful behavior; and as a primary function of parent aide services (nurturing the parent). Compounding the nurturance issue is the influence of social problems and their resistance to change. Creative ways of teaching

nurturing behavior as well as meeting impoverished families' concrete needs may hold the key to preventing and reducing foster care placements.

The projects were successful in preventing placements and in achieving reunification. As noted earlier, 93% of all children who were living with a parent at project intake were prevented from entering foster or institutional care. Forty-five percent of the children who were living in substitute care at project intake were reunified with their families. These figures are comparable to, if not higher than, results of similar programs.

Documenting the projects' success is easier than trying to explain it, but failure to wholly achieve the latter should not detract from the project workers' and families' accomplishments. The evaluation design was modest in scope and did not examine every possible variable. There are also immeasurable aspects of human behavior and the worker/family relationship which are not captured by evaluations of this nature. While case outcomes were not fully explained, this evaluation did yield some significant findings for use in future program planning.

ACHIEVEMENT OF PROJECT GOALS

Data for measuring projects' progress in meeting the state's goals were obtained from reports which they were required to submit on a quarterly basis. This proved to be a difficult task in the evaluation, for several reasons: quarterly reports were not submitted by all projects on a regular basis, and many did not directly address progress on their stated goals.

PROVIDING IN-HOME SERVICES TO HIGH-RISK FAMILIES

The projects were successful in reaching those groups targeted as high-risk families: single-parent, low-income families, and families of adolescents (see Section II: Project Families).

Most of the projects targeted a specific number of families which they intended to serve over the two-year period. Some modified their estimates during the project period to account for cases which were open longer than originally anticipated. Other projects exceeded their anticipated estimate. Several appear not to have reached their targeted goal, with no apparent explanation.

REDUCING OUT-OF-HOME PLACEMENT

Indications are that counties were successful in meeting this goal. However, more data is needed to confirm this. An accurate assessment of this factor must consider the foster care placement rate prior to project implementation, the number of new cases entering the social service system, and changes in the local service system and community in the two-year period. This is best accomplished on an individual county basis, and is expected to be addressed in the projects' final reports.

DEVELOPING SYSTEMS CAPABILITIES FOR PROVIDING PREVENTIVE SERVICES

Counties demonstrated both creativity and flexibility in this objective, but again, information on many of the projects was insufficient to evaluate. Among the projects'achievements were:

- Implementation of parenting classes for Indian families.
- Development of a standardized system for assessment and disposition of referrals.

- Phasing in non-project staff to the intensive in-home program for continuation when the project ends.
- Implementation of an emergency cash fund for placement prevention.
- Community training in the problem and treatment of child sexual abuse.
- Development of voluntary parent aide programs.
- Implementation of perpetrators', non-abusing partners', and victims' (of various ages) groups and Parents Anonymous for sexually abusing families.
- Development of a "phase down" component--on-going support of a less intensive nature--for clients receiving family training.
- Provision of staff training to increase workers' expertise.

The true test of systems changes, however, must look to the future. How well will the products and procedures developed in the placement prevention projects hold up after the projects have ended? This area should be of prime concern to the counties involved and to the Division of Community Services which initiated and supported these service innovations.

I. INTRODUCTION

This evaluation of fourteen child placement prevention projects funded by the State of Wisconsin from 1983-1985 was conducted by the National Resource Center on Family Based Services, University of Iowa, at the request of the Division of Community Services, Wisconsin Department of Health and Social Services.

BACKGROUND

In 1983, the Wisconsin Department of Health and Social Services, Division of Community Services, issued a Request for Proposals (Appendix A) for child placement prevention projects to enable county departments of social services and human services to implement programs to prevent placement of children out of their homes and to reduce counties' use of substitute care. A total of $1,959,825 in Child Welfare IV-B funds was allocated from the state's 1983-85 Biennial Budget for this purpose.

Proposals were submitted by counties competitively for a maximum award of $200,000 over a two-year period (September 1983-September 1985). Guidelines for the proposals were flexible, permitting a wide range of program designs with common intents:

- to encourage comprehensive service system redirection away from placement and toward family-targeted placement prevention services;
- to help "high-risk" families*, before a child is removed from the home, to remain viable and to lessen the risks in the home;
- to enhance the quality of life for children and their families and to assure stability for children in a healthy environment;

* High-risk families were defined as, particularly, families who are poor and headed by a single parent and families of adolescents.

- to demonstrate the feasibility and effectiveness of a comprehensive approach to family-targeted services.

The emphasis on system assessment and change, a significant feature of the proposal requirements, is consistent with current standards for family-based service delivery. Proposals included an assessment of the service delivery system and target population and a comprehensive plan for addressing identified needs. This process was designed to ensure that the projects would be feasible, relevant to the target population, and successful in preventing out-of-home placements.

THE PLACEMENT PREVENTION PROJECTS

Fourteen counties received funding for prevention projects. A brief description of each follows. Although diverse, the projects share common goals: preventing and reducing out-of-home placements for at-risk children. (A key to projects' target populations and service approaches is contained in Appendix C.)

Ashland County - Family Directed Services

Family Directed Services (FDS) provides emergency and on-going services to families whose children are at risk for out-of-home placement. Using a consumer-directed approach, the program's activities are planned and evaluated by a FDS Committee composed of citizens and local agency representatives. Multidisciplinary client assessment and case planning and strengthening community support networks for families are also characteristics of the project.

Dodge County - Finding and Treating Sexually Abusing Families

A sexual abuse treatment team of family therapists provides intensive individual, couple and family therapy to families in which incest and/or sexual abuse has occurred or is occurring. Service is provided by Lutheran Social Services of Wisconsin and Upper Michigan, Inc., under contract to the Dodge County Department of Social Services.

Eau Claire County - Pre-Teen Placement Prevention Project

Intensive in-home services are provided to families of pre-teens at risk of out-of-home placement due to lack of parenting skills, mental illness and/or chemical dependency. Family workers provide in-home parent training,and volunteer parent aides are matched with families. Emergency cash grants are available for families when lack of basic necessities, such as housing or furniture, may cause out-of-home placement.

Fond du Lac County - Family Training Program

The Family Training Program provides early intervention to families in crisis and teaches communication and parenting skills to families at risk. Family trainers are experienced parents or foster parents from the community who are trained in the model and provide services in the families' homes.

Iowa County - Development of Support Networks to Prevent Alternate Care Placements

This project enhances community support networks for the high-risk adolescent who lacks parental involvement, through the efforts of a social worker, supervisor and volunteers. The project includes in-home counseling,parent groups, and development of support networks for families.

Kenosha County - Family Based Prevention Program

The Family Based Prevention Program is an early intervention program which establishes a multidisciplinary community-based consortium of agencies to serve families with predelinquent adolescents. The program has four components: Family Enrichment (a series of structured lessons focused on specific problem areas), Family Therapy (for families too dysfunctional to benefit from enrichment), Youth Support Groups, and Parent Groups.

LaCrosse County - A Systematic Approach to the Intervention and Treatment of Sexually Abusive Families

This project created a model of individual, group and family therapy for intervention with sexually abusive families based on a community needs/resources assessment and examination of other service models. The project began serving families in 1985.

Marinette County - Homemaker, In-Home Services Specialist

This project funds one homemaker to work exclusively with high-risk children and their families to prevent out-of-home placement. Service focuses on teaching daily living skills, goal setting, child and home management, and interpersonal relationship skills.

Menominee County - In-Home Child Protection Treatment Program

This project serves single-parent, multiproblem families residing in Menominee County (an Indian Reservation) who are referred from the Child Protective Services Unit. Service is provided by a social worker and two para-professionals: a homemaker and a social service aide.

Milwaukee County - High Risk Mother/Infant Intervention Program

High-risk pregnant mothers and low-income families with high-risk children up to nine months of age are referred to this project by hospitals and other community agencies. Home visitors provide concrete assistance with income, health, nutrition, child care, parenting skills, and other family problems and link the high-risk parent with appropriate community services.

Oneida County - Community Support Program for Families with Children

Intensive home intervention is offered to all families at risk for out-of-home placement of a child. Service is provided by Department of Social Services placement prevention workers and purchased In-Home intervention providers. In addition, substance abuse treatment is provided under contract to DSS by the Lakeland Council on AODA.

Pierce County - Placement Alternatives Program

Placement Alternatives provides intensive services to families with an adolescent at risk for placement. Family and group family therapy, individual and marital counseling, and case coordination are provided. Primary staff include a family therapist, social worker, and student intern/volunteer; the services of AODA counselor, psychologist and psychiatrist are employed as needed.

Sheboygan County - Intensive In-Home Services Program

Intensive In-Home Services for high-risk families are provided jointly by the Department of Social Services and the Children's Service Society of Wisconsin, with the public agency maintaining case management responsibility. Treatment, which includes family assessment and counseling, education,

recreation, transportation, and other services, is provided by social workers and a homemaker employed by the private agency.

Winnebago County - The Family Training Program

The Family Training Program is an in-home intervention by a two-person team of family trainers, provided under contract to the Department of Social Services. Family training consists of a period of in-home observation to gather baseline data and teaching techniques to address identified problems. Service is gradually phased out as the family progresses in treatment.

METHODOLOGY

The study population consisted of all families that received services through one of the fourteen child placement prevention projects between December 1983 and May 1985. During this year and a half, 361 families received services. Thirty of the cases could not be used for purposes of analysis due to extensive missing information.

All client data were collected from a series of assessment forms (Appendix B) which required monthly reporting by the family's social worker. Information about progress of the projects was derived from quarterly reports submitted during the data collection period.

At baseline, or project intake, data relating to family demographic characteristics, prior service history, child placement history, current problem areas and proposed service plan were obtained. On a monthly basis, the family's social worker was asked to report on changes in the family structure and family functioning and the service plan, and to record the amount of time expended per case in a variety of activity areas. At case closure, information about case disposition was key. Finally, three months

following termination, workers were asked to contact the family to find out the status of at-risk children, to monitor problems identified during service, and to assess the family's satisfaction with the project's services.

Data obtained from these forms were coded by the project evaluator and an assistant, entered on the University of Iowa's IBM 3033 mainframe computer, and analyzed using the SPSS-X statistical package.

To evaluate the overall achievement of project goals, quarterly reports were analyzed for their progress toward the following three objectives:

1) Providing preventive in-home services to high-risk families;

2) Reducing out-of-home placement;

3) Developing systems capabilities for providing preventive services.

Before presenting the findings, a number of limitations of the study should be acknowledged. First of all, the fourteen projects differed in their criteria for accepting families, staffing patterns, number of families served, their public or voluntary agency auspices, and the project design. The basis for comparison is whether out-of-home placement of children at risk is prevented, the premise being that there are many ways to achieve this goal. Findings from this study are not strictly generalizable to other populations receiving family-based services.

Secondly, all data relating to clients were obtained solely from the assessment forms. Case records were not reviewed, nor were clients interviewed. Thus there is the potential for misinterpretation at two stages--by the social workers completing the forms and by the program evaluator reading the recorded information. These effects were minimized by discarding cases in which information was missing or ambiguous.

Thirdly, no control groups were used; this means that one cannot with certainty attribute outcomes to the intervention. Outcomes are discussed in terms of correlation, not causation.

The evaluation questions addressed in this study are as follows:

- What are the characteristics of families served by the projects?
- How much of workers' time is spent in various client and non-client related tasks?
- What factors are associated with successful and unsuccessful outcomes?
- Is progress gained during the course of service being maintained after case closure?
- Have projects achieved their stated goals and objectives?

II. PROJECT FAMILIES

This section presents a profile of families served by the prevention projects: demographic characteristics, prior service history, and child placement history. Data presented pertain to the entire 331 usable cases, both closed and open at the end of the data collection period. This information is useful in gaining an understanding of who the clients were, and in assessing whether the projects reached those populations targeted as "high risk."

Although the data presented pertain to the projects as a whole, an attempt was made to assess whether there were differences attributable to representation in the various counties or types of programs. Where differences were found, they are noted; however, because of the small number of cases in some of the projects, differences may have been due largely to chance.

FAMILY STRUCTURE

Of the total number of families served, 57.4% were headed by a single parent, 31.1% were intact, and an additional 9.7% were blended families (Table 1). The figures varied somewhat across counties, most likely because several counties used single-parent status as an eligibility criterion. However, single-parent families were represented among all of the projects. Thus the projects were successful in reaching one group identified as high risk.

FAMILY INCOME

Table 2 presents a frequency distribution of families' income levels. Nearly two-thirds of the families had incomes under $10,000. When examined by program, the proportion of low-income families changes. The two sexual abuse

TABLE 1
FAMILY STRUCTURE

Type	N of Families	% of Families
Intact	103	31.1
Single parent*	190	57.4
Blended	32	9.7
Other	6	1.8
N=331		

* Single parent includes situations in which another adult may be present but not married to the single parent and marital separations, in addition to never-married parents living with children.

TABLE 2
FAMILY INCOME

Income Range	N of Families	% of Families
Unknown	47	14.2
$0-5000	68	20.5
$5-10,000	140	42.3
$10-20,000	64	19.3
$20,000 +	12	3.6
N = 331		

projects and Kenosha County's early intervention project served larger proportions of families in the higher income brackets.

FAMILY SIZE

The number of family members ranged from 2 to 11, the median being 4. Table 3 depicts the distribution of client families along this variable. There was no relationship between the project type and size of families served.

The number of children in client families ranged from 1 to 10. Less than 25% of the families served had more than 3 children in the household, as can

be seen in Table 4. As with size of the entire family, there was no relationship between the project type and number of children present.

TABLE 3
FAMILY SIZE

N of Members	N of Families	% of Families
2	45	13.6
3	77	23.3
4	89	26.9
5	62	18.7
6	34	10.3
7	16	4.8
8	6	1.8
9+	2	.6
N=331	median = 4	

TABLE 4
NUMBER OF CHILDREN IN HOUSEHOLD

Number	N of Families	% of Families
1	81	24.5
2	99	29.9
3	77	23.3
4	50	15.1
5	15	4.5
6	5	1.5
7	3	.9
8+	1	.3
N=331	median = 2	

SOURCE OF INCOME

Slightly more than one half of families served by the projects were supported by public assistance programs, as illustrated in Table 5. Nearly one third supported themselves entirely by employment.

TABLE 5
SOURCE OF INCOME

Source	N of Families	% of Families
Wages	109	32.9
Public assistance	171	51.6
Wages + public assistance	30	9.1
Unknown	14	4.2
Other	7	2.1
	N=331	

PARENTS' EDUCATION

More is known about the educational attainment of mothers than of fathers, since fathers were absent in more than half of the households. When the highest educational attainment was known, the modal response for both parents was a high school degree (or equivalent). Tables 6 and 7 depict the range of educational achievement by both parents. There is no significant variation along this factor by projects; few parents, no matter what project served them, had completed a college education.

TABLE 6
MOTHER'S EDUCATION

Education Level	N of Families	% of Families
Unknown	33	10.0
Less than 8th	5	1.5
Jr. high	68	20.5
High school	187	56.5
Vocational	13	3.9
Jr. college	1	.3
College	8	2.4
Graduate	5	1.5
Not present	11	3.3
	N=331	

TABLE 7
FATHER'S EDUCATION

Education Level	N of Families	% of Families
Unknown	24	7.3
Less than 8th	5	1.5
Jr. high	21	6.3
High school	86	26.0
Vocational	10	3.0
Jr. college	1	.3
College	4	1.2
Graduate	7	2.1
Not present	173	52.3
	N=331	

AGE OF CHILDREN

Children served by the placement prevention projects represent a wide range of ages, from newborn through adolescence. This is, in large part, a function of the projects' target populations (i.e. adolescents, high risk infants). Table 8 illustrates the proportion of children of various ages.

TABLE 8
AGE DISTRIBUTION OF ALL CHILDREN IN HOUSEHOLD

Age Range	N of Children	% of Children
Less than 1	79	9.5
1-5	257	31.1
6-12	271	32.8
13-17	196	23.7
Unknown	23	2.8
	N=826	

GENDER OF CHILDREN

There was a fairly equal distribution of male and female children within the projects. Fifty-one percent (or 422 children) were male; 49% (or 404 children) were female.

RACE/ETHNICITY OF CHILDREN

Most of the children served by the projects were Caucasian, reflecting the population of Wisconsin. Table 9 presents a frequency distribution of childrens' race/ethnicity. Although 9% of the children were black and 9% Native American, they were not evenly distributed among the counties. Blacks were found almost exclusively in Milwaukee County and Native Americans in Menominee County (which, as noted earlier, is a reservation-based project).

TABLE 9
RACIAL DISTRIBUTION OF CHILDREN

Race/Ethnicity	N of Children	% of Children
Caucasian	640	77
Black	77	9
Hispanic	19	2
Native American	72	9
Asian	10	1
Other	8	1
	N=826	

REFERRAL SOURCE

Families were referred to the prevention projects from a variety of sources, most frequently (but not limited to) social service agencies. When examined by county, the differences that emerge are a function of the procedures the projects established to recruit and screen prospective clients. For example, the Milwaukee High Risk Mother/Infant Intervention Program works

closely with hospitals; thus a large proportion of referrals came from medical sources. The Menominee In-Home Child Protection Treatment Program accepts referrals from the Child Protective Services Unit; hence most of its clients were referred from an intra-agency source. Table 10 depicts the proportions of families referred by various sources.

TABLE 10
REFERRAL SOURCE

Source	N of Families	% of Families
Social agency	96	29.0
Medical	58	17.5
Self	37	11.2
Intra-agency	36	10.9
School	27	8.2
Law enforcement	19	5.7
Non-relative	12	3.6
Relative	11	3.3
Court	7	2.1
Other	28	8.5
	N=331	

PRIOR SERVICE HISTORY

Information regarding prior service history is limited, perhaps due to its inaccessibility to the social workers completing the assessment forms. More than one quarter of the families served had no prior service history noted; this could mean either that they had no service history or that the information was unknown to the social worker. In either case, the most frequently used services cited were child protective services, recorded for 37.5% of the families, and family foster care, for 36% of the project families. Table 11 displays the most frequently used services, with the proportion of families receiving each.

TABLE 11
PREVIOUS SERVICE HISTORY

Type of Service	N of Families	% of Families
Family Foster Care	119	36.0
Homemaker	25	7.6
Child protective services	124	37.5
Residential treatment	12	3.6
Substance abuse treatment	35	10.6
Family therapy	51	15.4
Individual therapy	48	14.5
Inpatient hospitalization	30	9.1
Public health services	26	7.9
Outpatient psychiatric services	30	9.1

Figures do not total 100% since families may have received more than one service.

AT-RISK CHILDREN

An attempt was made to identify those children served by the projects who were "at risk" for out-of-home placement, as opposed to children within the families who were not considered to be at risk. This criterion was defined by the social workers who completed the assessment forms--the forms contained a rating of risk for placement ranging from "no risk," "minimal risk," "moderate risk," to "high risk." A problem that emerged was that the assessment forms were modified during the data collection period, and the families served earlier (approximately 20%) were not assigned this rating. The coder of the assessment forms designated level of risk using as criteria previous out-of-home placements and the presence of two or more problems rated as severe on the family functioning scale. Table 12 presents a frequency distribution for the number of children at risk for placement within the families. A total of 522 children in the projects were assessed as being at-

risk for placement. Slightly less than 15% of the families served had no children who could be considered at risk for placement; 45% had one child at risk.

TABLE 12
NUMBER OF AT-RISK CHILDREN IN HOUSEHOLD

Number	N of Families	% of Families
0	49	14.8
1	149	45.0
2	69	20.8
3	34	10.3
4	19	5.7
5	8	2.4
6	3	0.9
	N=331	

FAMILY FUNCTIONING

The family assessment forms contained a matrix to derive information about families' status with regard to a number of problem areas. The 31 items fall into four general groupings: social issues, parental issues, child issues, and family relationship/management issues. For items in the first three groups, social workers indicated the extent to which each item was a problem for the families by assigning a rating of "unknown," "not a problem," "slight problem," "moderate problem," or "serious problem." For the family functioning items, workers responded "strongly agree," "agree," "no opinion," "disagree," or "strongly disagree" to statements which assumed satisfactory performance. This information was collected for each month the family was in service. Table 13 presents a list of the items from the first three groups, with the percentage of families assigned each rating at the time of their intake into the project. Table 14 provides data for the fourth group of

TABLE 13
FAMILY FUNCTIONING AT BASELINE

	% OF FAMILIES				
PROBLEM AREA	Unknown	Not a Problem	Slight Problem	Moderate Problem	Serious Problem
Social Issues					
Income	8	24	27	28	13
Clothing	12	49	22	14	3
Housing	9	52	16	13	9
Medical/Dental Care	21	46	15	13	6
Nutrition	22	44	19	11	4
Transportation	8	42	21	22	7
Parental Issues					
Job Training/Employment	16	29	16	21	18
Mental Health	21	21	28	19	12
Abuse Child(ren)	25	39	9	13	14
Neglect Child(ren)	19	33	19	18	12
Substance Abuse	39	26	8	10	18
Social Isolation	22	29	20	17	12
Law Violations	38	42	6	6	7
Child Issues					
School Attendance	17	61	10	7	5
School Performance	18	38	12	18	14
Job Training/Employment	39	54	2	3	3
Mental Health	29	35	16	13	8
Behavior	15	30	17	20	17
Substance Abuse	31	56	7	4	4
MR/DD	28	49	8	10	6

items, with the ratings rephrased as "very adequate," "adequate," "no opinion," "inadequate," or "very inadequate".

Overall, the group of family functioning items received the largest proportions of negative ratings; that is, more families were viewed as inadequate in these areas than in the others. This may be in part a function of the difference in wording of these items. Nevertheless, certain items stand out as having a high proportion of negative ratings. Sixty-three

TABLE 14
FAMILY FUNCTIONING AT BASELINE

PROBLEM AREA	% OF FAMILIES				
	Very Adequate	Adequate	No Opinion	Inadequate	Very Inadequate
Family Relationships/ Management Issues					
Income Management	3	28	35	22	13
Home Management	3	33	24	25	15
Supervision of Children	3	27	24	32	14
Discipline	1	13	31	35	21
Nurturance	2	36	21	29	12
Marital Relationship	1	7	49	25	19
Sibling Relationships	1	23	48	22	7
Family Communication	1	13	23	44	19
Support Systems	1	40	25	25	8
Realistic Expectations	0	15	33	38	13
Respect Childrens' Need for Independence	1	20	54	20	6

percent of all families were rated as inadequate or very inadequate in family communication, 56% in discipline of children, and 51% in having realistic expectations of their children.

Of the social problem areas, income was cited as a moderate or serious problem for 41% of the project families. This is consistent with the projects' goal of targeting low-income families. However, not all families who relied on public assistance programs were rated as having a moderate or serious income problem. It may be that workers felt that other areas were of more pressing concern than income for some of these families.

The parental issue receiving the largest percentage of low ratings was job training/employment, for which 39% of families were rated as having a moderate or serious problem. A cluster of items with similar percentages of

negative ratings were: mental health, for 31% of parents; neglecting children, 30% of parents; social isolation, 29%; substance abuse, 28%; and abusing children, 27%.

On the child issues, behavior and school performance were most frequently noted as moderate or serious problems: 37% for behavior and 32% for school performance.

Family ratings on these issues were examined by a number of variables: county, project type, target population, and family demographics, but surprisingly little difference was attributable to these variables. Several items exhibited variation among projects: behavior problems were more frequently noted by the family training projects than the others; abuse was cited as a moderate or serious problem more often in the sexual abuse projects than in the others. A number of social problem and family management issues were associated with family income, the lowest income families being rated as having greater difficulties with housing, transportation, parent's employment, income and home management.

The purpose of collecting this information was to note which issues were most frequently problematic for families in the projects, to measure change during the course of service, and to discover which issues, if any, were associated with successful and unsuccessful case outcomes. These points will be discussed later in this report.

III. PLACEMENT HISTORY

Of the total 331 families served, 119 had at least one child placed in substitute care prior to project involvement. Seventy-seven of those families with a placement history had only one child placed; 42 had two or more children placed at some time in the past, as illustrated in Table 15.

TABLE 15
NUMBER OF CHILDREN EVER PLACED*

Number	N of Families	% of Families
0	212	64.0
1	77	23.3
2	22	6.6
3	12	3.6
4	4	1.2
5	4	1.2
	N=331	

* Refers to the total number of children in the household who had ever experienced out-of-home placement prior to project intake.

Since several studies have cited prior foster care placement as a predictor of future placement, some discussion of placement data is in order. Out of 826 children served, 193 had experienced out-of-home placement at some time prior to project intake. The following data pertain to these 193 children.

NUMBER OF PLACEMENTS

Most frequently, children with placement histories had experienced one placement incident. However, 16 of these children had three or more placement incidents, as illustrated in Table 16.

TABLE 16
NUMBER OF PLACEMENT INCIDENTS*
EXPERIENCED BY CHILDREN

Total Number of Placement Incidents	Number of Children	% of Children
0	633	76.6
1	149	18.0
2	28	3.4
3	8	0.9
4	1	-
5	2	0.2
6	4	0.5
8	1	-

N=826

*Placement incident is defined as any period of continuous placement in the same setting.

AGE AT EARLIEST PLACEMENT

Children's age at first placement was distributed over a broad range, as shown in Table 17. Nearly one quarter of the children with placement histories experienced their first placement at adolescence.

TABLE 17
AGE AT EARLIEST PLACEMENT

Age Range	N of Children	% of Children
Less than 1	18	9.3
1-5	58	30.1
6-12	64	33.2
13-17	47	24.3
Unknown	6	3.1

N=193

LENGTH OF TIME IN PLACEMENT

Most of the children with placement histories experienced placements of brief duration: 45% for three months or less, and 57% for 6 months or less. Nevertheless, 13% of these children had total placement lengths of two or more years. Table 18 presents a frequency distribution of length of prior placements.

TABLE 18
TOTAL LENGTH OF TIME
IN OUT-OF-HOME PLACEMENT*

Length	N of Children	% of Children
0-3 mos	88	45.6
4-6 mos	24	12.4
7-12 mos	24	12.4
13-18 mos	19	9.9
19-24 mos	8	4.1
2 yrs	10	5.2
3 yrs	7	3.7
4 yrs	1	0.5
5 yrs +	8	4.1
Unknown	4	2.1
	N=193	

* Length of time is the total length of time spent for all placement incidents per child.

REASON FOR PLACEMENT

When looking at reasons for placement, a wide variety of responses were noted. The most frequently cited reasons were substance abuse by the parent, child abuse, antisocial behavior of a child, neglect, and parental hospitalization. The diversity of responses is displayed in Table 19.

PLACEMENT SETTING

Family foster homes were the most frequent placement settings, noted for slightly less than 60% of the children with a placement history. Placement

with relatives was cited for 27% of the children with placement histories (Table 20).

TABLE 19
REASON FOR PLACEMENT

Reason	N of Children	% of Children
Parental substance abuse	34	17.6
Abuse	30	15.5
Anti-social behavior of child	24	12.4
Neglect	21	11.0
Parental hospitalization	20	10.4
Respite	12	6.2
Sexual abuse of child	11	5.7
CHIPS petition	9	4.7
Multiple reasons	8	4.1
Abandonment	7	3.6
Child substance abuse	7	3.6
Mental illness of child	4	2.1
Mental retardation	3	1.6
Antisocial behavior of parent	2	1.0
Unknown	1	0.5

N=193

TABLE 20
PLACEMENT SETTING

Type of Placement	N of Children	% of Children
Foster care	114	59.1
Group home	5	2.6
Relatives	53	27.5
Residential treatment	12	6.2
Independent living	1	0.5
Multiple settings	7	3.6
Unknown	1	0.5

N=193

IV. SERVICES PROVIDED

Information about services provided during the families' involvement in the projects was derived from the service plan portion of the assessment forms. For coding purposes, the monthly service plans were read and compared against a list of potential services; families were rated as having received (or not received) a particular service. Table 21 presents a list of services most frequently provided to families, including the numbers and percentages of families who received each. Unfortunately, many case plans lack detailed information about the actual services provided; therefore, Table 21 must be interpreted cautiously.

TABLE 21
SERVICES PROVIDED TO FAMILIES IN PREVENTION PROJECTS

Service	N of Families	% of Families
Individual Counseling	147	44.4
Dyad Counseling	54	16.3
Family Counseling	68	20.5
Group Counseling	42	12.7
Parent Aide/Homemaker	52	15.7
Substance Abuse Treatment	71	21.5
Mental Health Treatment	58	17.5
Self-Help Group	56	16.9
Parent Education Group	52	15.7
Parent Training 1:1	140	42.3
Transportation	26	7.9
Day Care	40	12.1
Case Coordination	92	27.8

Figures do not total 100% since families may have received more than one type of service.

The services most frequently described in the case plan were individual counseling (44.4%), usually involving a parent, and one-to-one parent training (42.3%), both by the primary service worker.

HOURS OF SERVICE PROVIDED

One question the evaluation sought to answer was how much of workers' time was spent in various client- and non-client-centered tasks. Workers were asked to record on a monthly basis the number of hours spent on each case in the home, in the office, with collateral contacts, in transportation, in paperwork, on purchased supportive services, in the field (contact with clients in community settings), in telephone contacts and in group settings. For the latter five categories, information was incomplete; this is because some of these categories were added too late in the data collection period to capture a significant number of client families. The following discussion includes only the categories for which information on all cases was available.

Tables 22 through 29 present frequency distributions for the mean number of hours per family in each type of contact. The mean in each case was derived by dividing the total number of worker hours of each type of contact by the number of months the family received services. It should be noted that total worker hours include the sum of all worker hours recorded; where two or more workers reported their hours for a case, all hours were summed to yield one total number, from which the mean was subsequently derived.

In-Home Service Hours

Table 22 shows the distribution of mean number of hours per month spent in the home with each client family. Nearly half of the clients received an average of three or fewer hours in the home each month. Yet more than one quarter received six or more hours of in-home service monthly.

TABLE 22
AVERAGE NUMBER OF HOURS IN-HOME PER MONTH

Number of Hours	N of Families	% of Families
0-2.99	157	47.4
3-5.99	67	20.2
6-11.99	54	16.3
12-23.99	27	8.2
24-47.99	5	1.5
Unknown	21	6.3
	N=331	
$\bar{X}$=4.7 hrs		
median=2.87		

In-Office Service Hours

Compared with the amount of time spent with clients in their homes, office contacts with clients took up a smaller percentage of workers' time. As Table 23 demonstrates, more than 75% of the families served received fewer than three hours of in-office service per month.

TABLE 23
AVERAGE HOURS PER MONTH IN OFFICE

Number of Hours	N of Families	% of Families
0-2.99	257	77.6
3-5.99	30	9.1
6-11.99	18	5.4
12-23.99	4	1.2
24 +	2	.6
Unknown	20	6.0
	N=331	
$\bar{X}$=1.7		
median=.33		

Total Direct Client Contact

This category includes the total number of in-home and in-office contacts, in addition to telephone, field, and group contacts with clients--in

essence, all hours of direct contact between worker and client. The distribution of hours is considerably broader than those previously reported. Here, almost one third of the families served received three or fewer hours per month; 39% received from three to twelve hours of direct service; and 23% received 24 or more hours of direct service monthly.

TABLE 24
AVERAGE HOURS PER MONTH ALL CLIENT CONTACT

Number of Hours	N of Families	% of Families
0-2.99	104	31.4
3-5.99	61	18.4
6-11.99	69	20.8
12-23.99	50	15.1
24-47.99	21	6.3
48-95.99	1	.3
96 +	3	.9
Unknown	22	6.6
	N=331	
$\bar{X}$=9.2		
median=5.4		

Collateral Contacts

The amount of worker time spent in collateral contacts resembles that of in-office contacts with clients, as shown in Table 25. In nearly 75% of the cases, workers spent three or fewer hours per month in collateral contacts.

Transportation

For the majority of cases, transportation did not require many worker hours per month. Again, close to three-quarters of the cases did not take up more than three hours monthly. In 15% of the cases, workers spent from three to six hours in transportation monthly.

TABLE 25
AVERAGE HOURS COLLATERAL CONTACT PER MONTH

Number of Hours	N of Families	% of Families
0-2.99	235	71.0
3-5.99	43	13.0
6-11.99	25	7.6
12-23.99	4	1.2
24 +	3	.9
unknown	21	6.3

N=331

$\bar{X}$=2.3
median=1.2

TABLE 26
AVERAGE HOURS PER MONTH TRANSPORTATION

Number of Hours	N of Families	% of Families
0-2.99	236	71.3
3-5.99	48	14.5
6-11.99	17	5.1
12-23.99	9	2.7
24-47.99	1	.3
Unknown	20	6.0

N=331

$\bar{X}$=2.2
median=1

Paperwork

Contrary to popular opinion, paperwork did not consume a disproportionate share of workers' time, at least not the paperwork that concerned the families in the prevention projects. Nearly 70% of the cases required three or fewer hours of workers' time in this task, and 17% required from three to six hours (Table 27).

TABLE 27
AVERAGE HOURS PER MONTH PAPERWORK

Number of Hours	N of Families	% of Families
0-2.99	231	69.8
3-5.99	55	16.6
6-11.99	18	5.4
12-23.99	2	.6
24 +	3	.9
unknown	22	6.6
	N=331	
$\bar{X}$=2.5		
median=1.4		

Purchased Services

Purchased supportive services such as day care, mental health, substance abuse treatment and recreation were used for only some of the families in the projects. Table 28 illustrates the average monthly hours of purchased services, although it does not distinguish by type of service.

TABLE 28
AVERAGE MONTHLY HOURS PURCHASED SERVICES

Number of Hours	N of Families	% of Families
0-2.99	273	82.5
3-5.99	11	3.3
6-11.99	9	2.7
12-23.99	8	2.4
24-47.99	6	1.8
48 +	4	1.2
Unknown	20	6.0
	N=331	
$\bar{X}$=2.4		
median=0		

Total Monthly Hours

When the total number of client contact hours are added to the number of hours spent in collateral contacts, staffings, transportation, paperwork tasks

and purchased services, the average number of monthly hours per case is broadly distributed. Table 29 charts the mean number of total monthly hours per case.

TABLE 29
AVERAGE HOURS PER MONTH TOTAL

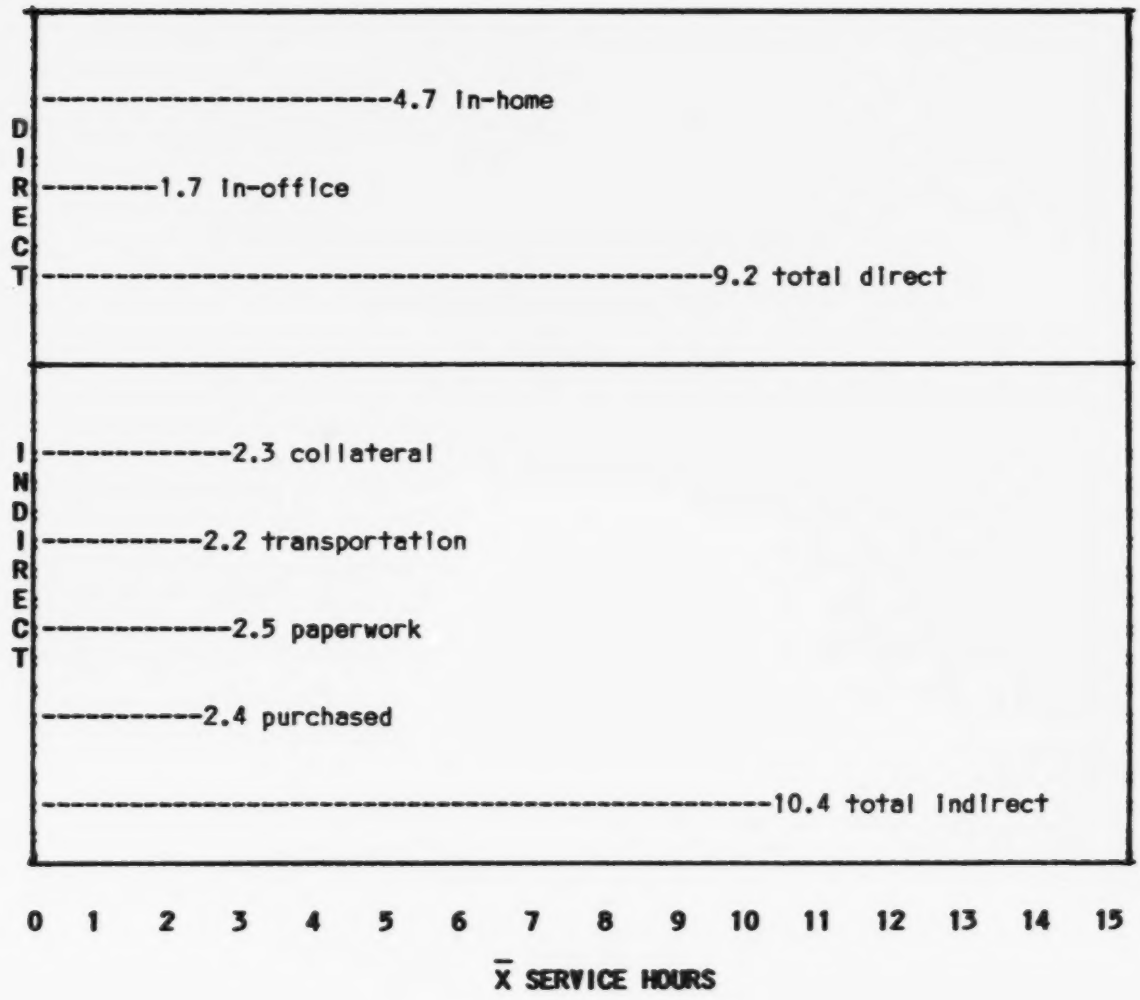
Number	N of Families	% of Families
0-2.99	38	11.5
3-5.99	48	14.5
6-11.99	64	19.3
12-23.99	80	24.2
24-47.99	59	17.8
48-95.99	13	3.9
96-192.99	3	.9
193 +	3	.9
unknown	24	7.3
	N=331	
$\bar{X}$=19.6		
median=12.9		

While there is a large range in terms of average hours spent per case, slightly less than 50% of the families served received twelve or more hours per month in various types of direct and indirect services. Figure 1 depicts the combined average monthly hours in each type of direct and indirect service.

Each county tended to have its own range of average service hours, within which almost all of its cases fell. For counties which involved two or more workers in a case, more hours were reported. As a whole, the ranges overlap; the tendency within counties probably reflects characteristics which are beyond the scope of this evaluation, such as workers' additional case

FIGURE 1.

$\bar{X}$ SERVICE HOURS PER MONTH IN DIRECT AND INDIRECT CONTACTS



The monthly reporting forms requested information concerning the amount of time workers spend in administrative and staff development activities, vacation and sick leave in addition to their project caseloads. However, the data provided were insufficient to report activity for the projects as a whole, principally because counties differed in the amount of staff time devoted exclusively to the placement prevention projects.

LENGTH OF SERVICE

The length of time families were involved in the prevention projects, measured by the number of months cases remained open with the projects, varied greatly. Table 30 shows the distribution of families along this dimension, separating the cases that were closed from those that remained open by the end of the data collection period.

Among the closed cases, number of months in service was fairly evenly distributed from less than one month through nine months, and dropped off somewhat from ten to twelve months and more sharply thereafter. Cases that

TABLE 30
NUMBER OF MONTHS OF SERVICE FOR CLOSED AND OPEN CASES

Number of Months	Closed Cases N	Closed Cases %	Open Cases N	Open Cases %
0-3	54	25	36	31
4-6	60	27	30	26
7-9	48	22	14	12
10-12	35	16	7	6
13-15	13	6	16	13
16-18	2	1	12	10
Unknown	3	1	1	-
	215		116	

remained open at the end of the data collection period, on the other hand, do not demonstrate the same tendency. The large proportion of cases in the 0-3 month bracket reflects the more recent date of case opening. The high proportion of open cases in the 13-15 and 16-18 month brackets, though, suggests that a number of cases are remaining open for long periods of time without likelihood of closure.

V. OUTCOMES

The 331 usable cases in the study included 826 children, of whom 737 can be defined as having a prevention goal and 89 as having a goal of reunification. Prevention is defined as living with at least one parent at the time of project intake. Reunification is defined as living in a family foster home, a residential treatment facility, relatives other than a parent, or having returned home from one of these settings within two weeks of project intake. This evaluation distinguishes between prevention and reunification categories because success is defined differently for each.

The discussion of outcomes will refer at times to the children in the study and at other times to the family unit, because children within a family sometimes had different outcomes with respect to placement and prevention. Some families had one child who was the focus of service; however, a family systems perspective necessitates that one look at the entire family, as change in one member causes change in the others.

PLACEMENT STATUS

A number of outcome measures were obtained, the most useful being status of the children at case closure, or, in open cases, status of children at the end of the data collection period. Nine statuses were identified, with each child receiving one of the following classifications:

- Prevented from placement: child living at home at project intake, still at home at closure.
- Placed: child living at home at project intake, placed in foster care or residential treatment during service, and remaining in that placement at case closure.
- Briefly placed: child living at home at project intake, placed in substitute care during service, but reunified by the time the case was closed.

- Living with relatives: child living with relatives other than a parent at case closure.
- Changed parental custody: child living with the other parent at case closure.
- Emancipated: child achieved independence during project, by virtue of attaining legal age.
- Parental rights terminated: child living in foster care at project intake, parental rights were terminated or in process of termination at case closure.
- Reunified: child living in substitute care at project intake, reunified with family during project.
- Not reunified: child living in substitute care at project intake, still in placement at case closure.

Table 31 presents data on all children who had a goal of placement prevention in both closed and open cases. The data are divided into the categories of "all children" and "at risk children" to differentiate between all children in the study and those who were identified as potentially at risk for out-of-home placement. Table 32 presents data on children who had a reunification goal. All children with this goal were categorized as being at risk. Figure 2 depicts the information in Tables 31 and 32 graphically.

As Table 31 indicates, for 85% of the children classified as prevention cases, that goal was successfully achieved with no change of residence during the service period. If children for whom parental custody was changed are included, 87% of the prevention goals were achieved. When considering only the children identified as being at risk for out-of-home placement, the percentage is reduced to 77%.

For the prevention cases, then:

- 90% of all children were living with at least one parent at end of data collection.

TABLE 31
STATUS OF CHILDREN WITH PREVENTION GOAL

Status	All Children N	All Children %	At-Risk Children N	At-Risk Children %
Prevented	628	85	324	74
Placed	52	7	52	12
Briefly Placed	20	3	20	5
Living with Relatives	21	3	21	5
Changed Parental Custody	13	2	13	3
Emancipated	1	-	1	-
Parental Rights Terminated	2	-	2	-
	737		433	

TABLE 32
STATUS OF CHILDREN WITH REUNIFICATION GOAL

Status	N of Children	% of Children
Living with Relatives	12	14
Emancipated	3	3
Parental Rights Terminated	7	8
Reunified	40	45
Not Reunified	27	30
	89	

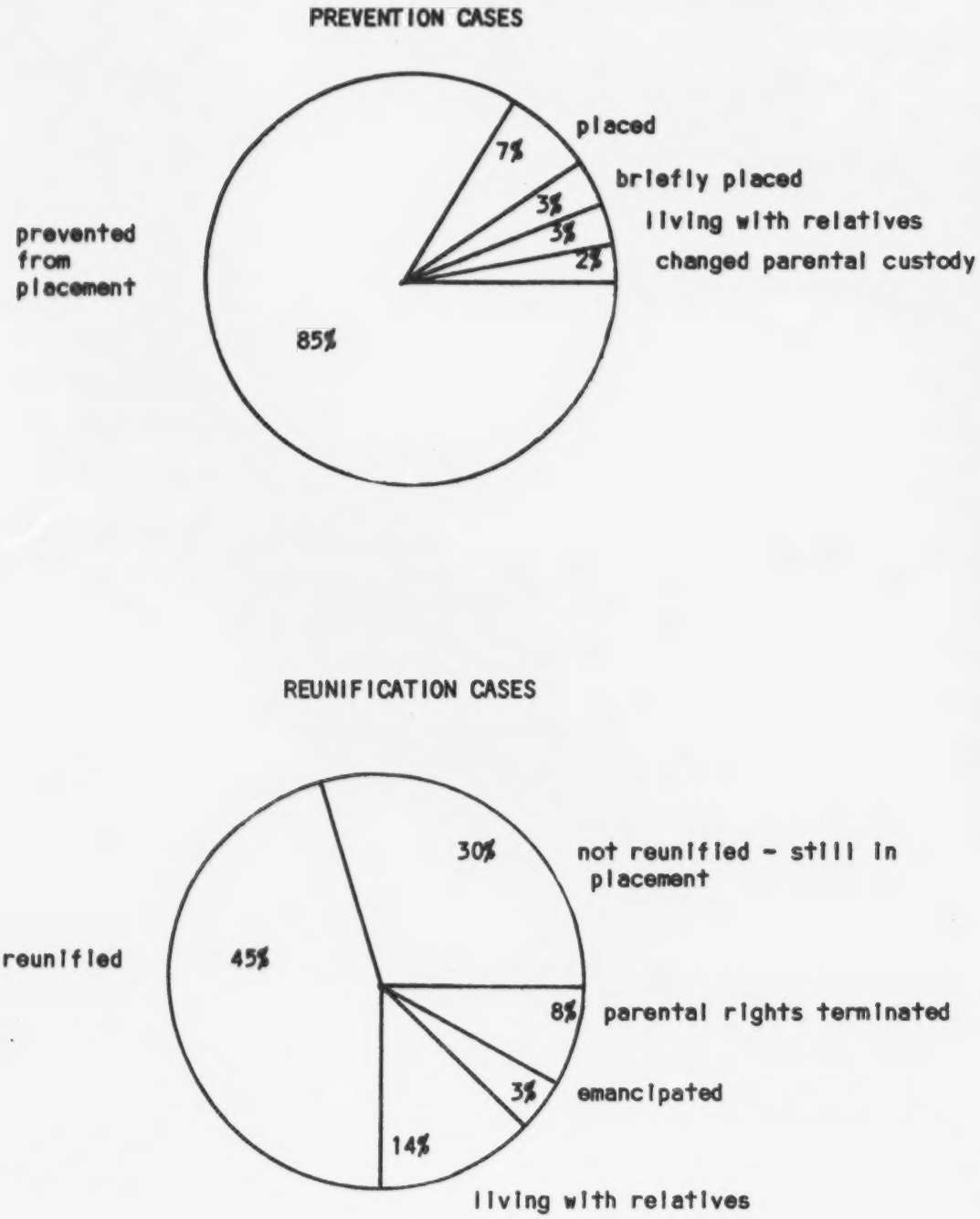
- 82% of at-risk children were living with at least one parent at end of data collection.
- 93% of all children were prevented from entering foster or institutional care at end of data collection.
- 87% of at-risk children were prevented from entering foster or institutional care at end of data collection.

For reunification cases,

- 45% of children in foster or institutional care were reunified with their families at end of data collection.

When children in closed cases only are considered, the "success" rates are somewhat lower. Tables 33 and 34 present outcome data on children with

FIGURE 2. PLACEMENT STATUS OF ALL CHILDREN



prevention and reunification goals in closed cases, respectively. For cases that remained open at the end of the data collection period, data indicate that children are faring better in both prevention and reunification.

TABLE 33
OUTCOME STATUS OF PREVENTION CHILDREN IN CLOSED CASES

Outcome Status	All Children N	All Children %	At Risk N	At Risk %
Prevented	386	82	193	70
Placed	38	8	38	14
Briefly Placed	12	2	12	4
Living with Relatives	17	4	17	6
Changed Parental Custody	12	2	12	4
Emancipated	1	1	1	1
Parental Rights Terminated	2	1	2	1
	468		275	

TABLE 34
OUTCOME STATUS OF REUNIFICATION CHILDREN IN CLOSED CASES

Outcome Status	N of All Children	%
Living with Relatives	9	14
Emancipated	3	5
Parental Rights Terminated	7	10
Reunified	25	38
Not Reunified	21	32
	65	

For closed cases, when the goal was prevention:

- 86% of all children were living with at least one parent at case closure.
- 78% of at-risk children were living with at least one parent at case closure.
- 92% of all children were prevented from entering foster or institutional care.
- 86% of at-risk children were prevented from entering foster or institutional care.

For closed cases, when the goal was reunification:

- 8% of children in foster or institutional care were reunified with their families at case closure.

The data indicate that children in closed cases experienced higher rates of placement and lower rates of reunification than children whose families were still receiving services at the end of the data collection period. To what can one attribute the difference? It appears that in numerous instances, the act of case closure was an acknowledgement of failure. Those cases that remained open were more successful, because with continuing service families were able to stay intact and/or reunite.

The difference in "success" rates between the children in prevention and reunification cases is not unexpected; the main justification for preventive services is that successful intervention is more likely before family disruption occurs. In addition, there is no way of predicting accurately which of the at-risk children would have entered placement had their families not received services. Thus, greater proportions of families were prevented from breakup than were successfully reunited.

When examining children's outcome status by county and project, the evaluation found very similar proportions across projects. The prevention and reunification rates, regardless of county or type of program, did not vary greatly.

CASE DISPOSITION

A second outcome measure used was case disposition. Cases were classified as having been closed with goals met, closed at the family's initiation, closed at the agency's initiation, or transferred to another unit of the agency.

Table 35 illustrates the proportion of cases with each of these dispositions; data do not include cases open at the end of the data collection period.

TABLE 35
CASE DISPOSITION

Disposition	N of Families	% of Families
Closed, Goals Met	65	30
Family Terminated	52	24
Agency Terminated	66	31
Case Transferred	32	15

The largest percentage of cases were closed at the agency's initiation (31%), although there were nearly as many cases closed with goals having been met (30%). There may seem to be a discrepancy between the previously reported prevention and reunification rates and the percentages of cases which were closed with goals met. However, this fits with the principles of least intervention and minimum sufficient level of care. That is, although ideally families should achieve their defined case goals, it is sufficient that they progress enough to manage without continued state intervention.

When looking at the reason for closure, a variety of responses were offered. Table 36 shows the distribution of reasons for case closure--these categories were derived from the workers' open-ended statements regarding termination of services.

The most frequently cited reason for case closure was that the family had achieved its goals (30%). The second highest percentage (16%) was found in both cases which had closed because the crisis period had ended, and those which were closed because the family was considered uncooperative. The former suggests that even though the case goals were not met, the family had survived

TABLE 36
REASON FOR CASE CLOSURE

Reason	N of Families	% of Families
Case Goals Met	65	30
Crisis Period Ended	35	16
Negative Change in Family Situation	27	13
Family Uncooperative	35	16
Family Moved	23	11
Family Dropped Out	19	9
Agency Unable to Provide Appropriate Services	9	4
Unknown	2	-
	N=215	

the crisis period. The latter is open to interpretation. Families who are truly uncooperative might be inappropriate for family-based services. Alternatively, this explanation could be a reflection on workers' skills for dealing with resistive families. In any case, 13 out of the 38 children placed in substitute care during service were found in families terminated for lack of cooperation.

FAMILY FUNCTIONING

The matrix of problems in family functioning, discussed with respect to families' status at project intake, was evaluated for change over time. To measure the significance of change over time, paired t-tests were run for each of the 31 items. It should be noted that missing data--or cases which were rated as "unknown" or "no opinion"--were excluded from this analysis. Change was only measured for those cases which had a baseline and outcome rating.

Tables 37 and 38 report the net change for each item and the significance level. Negative figures indicate fewer percentages of families assigned that

TABLE 37
FAMILY FUNCTIONING AT OUTCOME

PROBLEM AREA	% NET CHANGE				SIGNIFICANCE LEVEL (2-Tail Probability)
	Not a Problem	Slight Problem	Moderate Problem	Serious Problem	
Social Issues					
Income	8	-5	-1	-2	NS*
Clothing	8	-2	-5	-1	.006
Housing	3	2	-1	-3	NS
Med/Dental Care	4	3	-2	-5	NS
Nutrition	6	-2	-1	-6	.05
Transportation	8	1	-7	-1	NS
Parental Issues					
Job Training/Emp	7	2	-9	-1	NS
Mental Health	10	7	-4	-12	.000
Abuse Child(ren)	11	4	-5	-9	.000
Neglect Child(ren)	9	-4	-3	-3	.003
Substance Abuse	4	5	-1	-9	.025
Social Isolation	12	1	-6	-7	.000
Law Violations	7	0	-3	-3	.021
Child Issues					
School Attendance	4	-1	-2	0	NS
School Performance	4	8	-6	-6	.004
Job Training	2	0	0	-1	NS
Mental Health	5	-1	-2	-2	.01
Behavior	10	6	-9	-5	.000
Substance Abuse	1	1	0	-1	NS
MR/DD	5	5	-5	-5	NS

* NS = not significant

rating at outcome; thus the large proportion of negative numbers in the "moderate," "serious," "inadequate" and "very inadequate" columns signifies net improvement.

A number of issues demonstrated statistically significant (at the .05 level or better) improvement over time, in particular, most of the parental issues: mental health, abuse of children, neglect of children, substance

TABLE 38
FAMILY FUNCTIONING AT OUTCOME

PROBLEM AREA	% NET CHANGE				SIGNIFICANCE LEVEL (2-Tail Probability)
	Very Adequate	Adequate	Inade-quate	Very In-Adequate	
Family Relationships/ Management Issues					
Income Management	-2	6	-3	-1	NS*
Home Management	-1	7	-3	-3	NS
Supervision of Child	-3	11	-7	0	NS
Discipline	0	20	-10	-10	.000
Nurturance	1	6	-5	-2	.013
Marital Relationship	3	9	-9	-3	.019
Sibling Relationship	2	13	-10	-5	.006
Family Communication	0	13	-5	-8	.000
Support Systems	1	6	-4	-3	NS
Realistic Expectations	1	17	-13	-5	.000
Respect Children's Independence	0	13	-10	-3	.003

* NS = not significant

abuse, social isolation, and law violations. Social problems assessed as having improved were clothing and nutrition; improved child issues were school performance, mental health, and behavior. Family relationship/ management issues which showed improvement were: discipline of children, nurturance, marital relationships, sibling relationships, family communication, realistic expectations of children, and respecting children's need for independence.

The number of issues in which significant percentages of families improved over time suggests that families benefitted from the services they received, despite the fact that these ratings are based on subjective worker assessments rather than clearly defined criteria.

FOLLOW-UP

One of the evaluation questions was whether or not families had maintained their progress three months after case closure. Workers were requested to contact project families, at that time, to ask a series of questions about the status of their children, degree of resolution of problems on which services had focused, and satisfaction with the project. Of the 215 closed cases in the study, some follow-up information was available on 161, or 74% of them.

For the most part, children remained at their case closure status. Those who had been placed were still in placement. Two were reunified, three were living with relatives other than a parent, one was emancipated, two changed parental custody, and two new placements occurred.

Level of satisfaction with the project's services was generally favorable. Eighty-four percent of those for whom this information was available felt that their families had been helped very much or somewhat by the project. When information about families' problem resolution was reported, families most often felt at least partial improvement in some of the problems at which services had been directed.

In summary, for children who were living with at least one parent at the time of project intake, 90% were still living with at least one parent at the end of the data collection period; 7% were placed in foster or institutional care. Of the children who started out in alternate care arrangements, 45% were reunified with at least one parent by the end of the data collection period. Cases that were closed at the end of the data collection period exhibited lower rates of prevention and reunification than did cases still receiving services when data collection ended.

Less than one third of the closed cases were terminated with case goals having been met. This suggests either that achievement of case goals is not a realistic measure of a family's ability to function independently or that case goals are often not appropriate to families' level of functioning.

Worker assessments on the family functioning matrix indicate that families improved on a number of issues from the time they entered the project through the end of data collection. The status of children three months following case closure was generally the same as their outcome status, when this information was available.

VI. FACTORS RELATED TO OUTCOME

This portion of the evaluation concerns factors which were found to be related (and unrelated) to case outcomes. Four groups of variables were analyzed: family and child demographic characteristics, family problem areas, placement history, and service factors (length and intensity of service and program type). Correlation matrices on the range of factors within these categories were obtained and analyzed for their relationships to case outcome and to each other.

The outcome classifications described in the previous section were condensed into two for this purpose, resolved or unresolved. Resolved outcomes were those in which the child had achieved a more-or-less permanent status: prevented from placement, in the custody of the other parent, or emancipated by the end of the data collection period. Unresolved outcomes pertained to children who were living in alternate placements: foster care, with relatives, or pending termination of parental rights. These classifications do not categorically make a value judgment as to the most appropriate outcome for any particular child. Their function is to indicate whether or not each child had achieved a permanent status.

FAMILY AND CHILD CHARACTERISTICS

A number of demographic characteristics were analyzed for their relationship to case outcomes: family size, family structure, source of income, parental educational levels, age, gender and ethnicity of children. Most of these variables were found to be unrelated to children's outcome status. Family income was weakly correlated with outcome status (r-.18*);

* The statistic used is Pearson r, a measure of correlation.

lower-income families were more likely to have children in unresolved outcomes than higher-income families.

PLACEMENT HISTORY

Several variables related to child placement history were analyzed with respect to outcomes: age of the child at earliest placement, total length of time in out of home care, placement setting, reason for placement and the number of placement incidents experienced by the child. Several of these variables were correlated with outcomes.

The reason for placement was related to outcome status (r=.23): children who had been placed for abuse or neglect were more likely to remain in care than were children who had been placed for other types of parent or child problems (such as substance abuse, mental illness, hospitalization, behavior).

The number of placement incidents experienced by the child and the total length of time spent in out-of-home care were correlated with outcomes (r=.28 and r=.30, respectively). The greater the number of incidents and the longer the placements, the less likely the child was to have a resolved status.

Age of child at earliest placement was correlated with three variables, though none was correlated with case outcome. Minority children (r=.30), children in single-parent families (r=.29), and low-income families (r=.32) were more likely to have experienced placement at a younger age than were non-minority children and children from two-parent and higher-income families.

The child's status at project entry (prevention or reunification) was moderately correlated with outcome (r=.39). This finding is consistent with the difference between prevention and reunification rates discussed earlier. Families who entered the project with a child in substitute care were less likely to have a resolved outcome for that child at case closure.

FAMILY FUNCTIONING

Problem areas on the family functioning matrix were analyzed for relationships to children's outcome status. It should be noted again that the ratings were subjective worker assessments without specific operationally defined criteria; the correlations presented below must be regarded with this in mind.

Social problems were correlated with case outcomes: were: income (r=.18); housing (r=.22); medical care (r=.20); nutrition (r=.20); and transportation (r=.18). Families assessed as experiencing these problems to more serious degrees were more likely to have children in unresolved situations at case closure.

Several parental problem areas were correlated with outcomes: mental health (r=.34), neglect of children (r=.24), substance abuse (r=.25) and social isolation (r=.26). Child problem areas were unrelated to case outcomes.

Many family relationship/management issues were correlated with case outcomes. The correlations were: income management (r=.26); home management (r=.31); supervision of children (r=.27); discipline of children (r=.26); nurturance (r=.28); family communication (r=.25); and realistic expectations of children (r=.25).

SERVICE FACTORS

A number of factors related to the amount and types of services provided were analyzed with respect to case outcomes. None of these, including length of service, types of services provided, total hours of service provided, average monthly hours of service in various types of direct and indirect client contact, were correlated with outcomes.

Programs were analyzed by a number of dimensions: by target group (families of adolescents, families experiencing sexual abuse, families of infants); by service approach (intensive services, family training, parent aides); and by public agency vs. purchased provider. No meaningful correlations with outcomes were found for any of these categories. Several service factors were not measured: worker variables such as education, experience, and treatment philosophy, and caseload size. The latter was not obtainable from the data because in some projects workers carried project and non-project caseloads.

MULTIPLE REGRESSION ANALYSIS

Multiple regression analysis was performed to determine the influence of several independent variables on case outcomes, taking into account the overlapping effects of multiple variables.

Analyses were run for the four groups of variables described in this section (family and child characteristics, placement history, family functioning, and service factors). Those variables which held explanatory power over case outcomes were entered into a separate regression analysis. From this analysis, four variables were found to additively explain 42 percent of the variance in case outcomes:

VARIABLE	ADJUSTED R2
Nurturance as a family relationship issue	.19
Reason for prior placement	.30
Neglect as a parental issue	.35
Parent aide service in case plan	.42

In other words, 42 percent of the difference in outcome was explained when nurturance and child neglect were assessed as serious problems, the child had a history of placement due to abuse or neglect, and there was no parent aide service in the case plan.

DISCUSSION

Most demographic factors had no relationship to case outcome. Thus single-parent families, families receiving public assistance, large families, families of adolescents, and minority families were no more likely to have unresolved outcomes than other families. The data suggest that where child placement is concerned, stereotypes of dysfunctional families may be erroneous.

Income and associated social problems were related to case outcomes. Income, housing, medical care, nutrition, and transportation were more frequently assessed as problems for families whose children did not have successful resolutions. Although no social problems emerged in the multiple regression analysis, this is because neglect was strongly correlated with all of these items and caused them to drop out of the equation. The most serious social problems were the least amenable to change, as indicated by the t-tests. This suggests that poverty and associated social problems may be significant forces in hindering prevention efforts and in keeping children in substitute placements.

In this service population, prior placement history was correlated with case outcome. Children who had experienced multiple placements, children who had spent long periods of time in out-of-home care and children who had been placed for reasons of abuse or neglect rather than health or child behavior were more likely to remain in unresolved situations. The multiple regression

analysis found that 11 percent of the variance in case outcome was explained by the fact of prior placement due to abuse or neglect. However, one must regard placement history as a predictor of future placement with caution; if placement was inappropriate to begin with, it should not be used to rationalize subsequent placements. The data point to a strong need for intervening in this placement cycle.

Several parent problem areas were correlated with case outcomes, though only neglect of children emerged in the multiple regression analysis. This variable (neglect) was strongly correlated with the other parental issues which were correlated with outcomes (mental health, substance abuse, social isolation), explaining why the latter three dropped out of the equation. Child problem areas were not related to case outcomes, either from straight correlations or multiple regression. This could either mean that social workers deal more intensely with the parent(s) than with the child, and therefore assess parental issues more accurately; that a child's fate is essentially determined by the parent(s) willingness or ability to make the requisite changes; or both.

Numerous family relationship/management issues were correlated with case outcomes, though only one--nurturance--emerged in the multiple regression analysis to account for 19 percent of the variance in outcome. Again, this item was strongly correlated with the other significant family relationship/ management issues, forcing them out of the equation.

The amount, intensity, length and type of services provided held no explanatory power over case outcomes, with the exception of parent aide services in the case plan, which explained a modest 7 percent of the variance in outcome. There are several possible reasons for this. For one, the projects varied so much that there may have been no optimal level of service

which could meet the range of family needs. Secondly, the data collection methods failed to capture certain factors which might have proven significant: worker education and experience and size of caseloads. Also, the method of recording service hours may have been deficient. Had number of contacts rather than hours been requested, this might have proved meaningful in explaining outcomes. It is equally likely that there were organizational variables which might have proven significant in explaining case outcomes, but which were simply not captured by the limited scope of this evaluation. This is an area which needs more emphasis in research.

Results of the multiple regression analysis suggest that nurturance is a significant variable affecting case outcomes. This element is present to some extent in all four variables in the equation: as a family relationship issue; as a past indicator of child placement (abuse or neglect); as an aspect of neglectful behavior; and as a primary function of parent aide services (nurturing the parent). Compounding the nurturance issue is the influence of social problems and their resistance to change. Creative ways of teaching nurturing behavior as well as meeting impoverished families' concrete needs may hold the key to preventing and reducing foster care placements.

The projects were successful in preventing placements and in achieving reunification. As noted earlier, 93% of all children who were living with a parent at project intake were prevented from entering foster or institutional care. Forty-five percent of the children who were living in substitute care at project intake were reunified with their families. These figures are comparable to, if not higher than, results of similar programs.

Documenting the projects' success is easier than trying to explain it, but failure to wholly achieve the latter should not detract from the project workers' and families' accomplishments. The evaluation design was modest in

scope and did not examine every possible variable. There are also immeasurable aspects of human behavior and the worker/family relationship which are not captured by evaluations of this nature. While case outcomes were not fully explained, this evaluation did yield some significant findings for use in future program planning.

VII. ACHIEVEMENT OF PROJECT GOALS

All of the placement prevention projects had identified in their proposals a number of goals to be accomplished over the two-year period. These goals were related to the state's overall goals of reducing out-of-home placements, increasing in-home services to high-risk families, and developing systems capabilities to provide preventive services.

Data for measuring projects' progress in meeting the state's goals were obtained from reports which they were required to submit on a quarterly basis. This proved to be a difficult task in the evaluation, for several reasons: quarterly reports were not submitted by all projects on a regular basis, and many did not directly address progress on their stated goals.

It is recommended that in the future a standardized reporting process be developed. This would make it easier for project directors to fulfill the reporting requirement without undue delays. It would also make the task of interpreting the information more manageable.

The following comments are based on the limited available data.

PROVIDING IN-HOME SERVICES TO HIGH-RISK FAMILIES

The projects were successful in reaching those groups targeted as high-risk families: single-parent, low-income families, and families of adolescents (see Section II: Project Families).

Most of the projects targeted a specific number of families which they intended to serve over the two-year period. Some modified their estimates during the project period to account for cases which were open longer than originally anticipated. Other projects exceeded their anticipated estimate. Several appear not to have reached their targeted goal, with no apparent explanation.

REDUCING OUT-OF-HOME PLACEMENT

Indications are that counties were successful in meeting this goal. However, more data is needed to confirm this. An accurate assessment of this factor must consider the foster care placement rate prior to project implementation, the number of new cases entering the social service system, and changes in the local service system and community in the two-year period. This is best accomplished on an individual county basis, and is expected to be addressed in the projects' final reports.

DEVELOPING SYSTEMS CAPABILITIES FOR PROVIDING PREVENTIVE SERVICES

Counties demonstrated both creativity and flexibility in this objective, but again, information on many of the projects was insufficient to evaluate. Among the projects'achievements were:

- Implementation of parenting classes for Indian families.
- Development of a standardized system for assessment and disposition of referrals.
- Phasing in non-project staff to the intensive in-home program for continuation when the project ends.
- Implementation of an emergency cash fund for placement prevention.
- Community training in the problem and treatment of child sexual abuse.
- Development of voluntary parent aide programs.
- Implementation of perpetrators', non-abusing partners', and victims' (of various ages) groups and Parents Anonymous for sexually abusing families.
- Development of a "phase down" component--on-going support of a less intensive nature--for clients receiving family training.
- Provision of staff training to increase workers' expertise.

BARRIERS TO ACHIEVING GOALS

Two issues which seemed to hinder projects in accomplishing their goals were staff turnover, which is self-explanatory, and start-up delays. In the case of the latter, many of the projects did not begin to serve families as soon as originally planned.

In several instances, a committee, product or procedure planned in the project proposal was not instituted. This occurred because upon further study the need was not pressing, or in the case of committees because the interest was lacking. Project directors and workers were able to adjust their expectations to a more practical and efficient use of resources.

The true test of systems changes, however, must look to the future. How well will the products and procedures developed in the placement prevention projects hold up after the projects have ended? This area should be of prime concern to the counties involved and to the Division of Community Services which initiated and supported these service innovations.

APPENDIX A

REQUEST FOR PROPOSALS

CHILD PLACEMENT PREVENTION PROJECTS

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF COMMUNITY SERVICES

OFFICE FOR CHILDREN, YOUTH AND FAMILIES

Request for Proposals

Basic Procurement Specification

I. GENERAL INFORMATION

A. Purpose of the Document

Funds for child placement prevention projects made available to the Department of Health and Social Services, Division of Community Services, through the State's 1983-85 Biennial Budget (1983 Federal Child Welfare Services Funds) will be used to enable county departments of social services and human services to establish programs designed to prevent the placement of children outside of their own homes and to reduce the counties' use of substitute care for children. The intent is for agencies to establish certain procedural changes clearly related to reduction of alternate care. Program development may also be funded if designed within the context of these systems changes. One million-six hundred and seventy-five thousand-nine hundred and twenty-five dollars ($1,675,925) will be made available for these activities.

A maximum of $200,000, total, for a two-year period (September 1983 through September 1985) will be made available to any one placement prevention project. No agency will be funded for more than one project.

It is anticipated that one proposal from each DCS Region will be funded unless the Department determines that there is a shortage of acceptable proposals meeting the basic requirements in a region.

B. Issuing Agency

This Request for Proposals (RFP) is issued for the State of Wisconsin by the Division of Community Services (DCS). The Division is the sole point of contact in the State of Wisconsin in the selection process for this RFP.

C. Incurring Costs

The State of Wisconsin is not liable for any costs incurred by any applicant in replying to this RFP.

D. News Release

News releases pertaining to this procurement or any part of the proposal or any subsequent contract shall not be made without the prior written approval of the Division of Community Services.

E. Applicant Responses to RFP Specifications

Proposals submitted in reply to this RFP shall respond to the specifications stated herein. Failure to respond to the

specifications may be a basis for an applicant being eliminated from consideration during the selection process. The Division of Community Services reserves the right to reject any or all proposals.

F. Public Information

It is the intention of the State to maintain an open and public process in the submission, review and approval of grant awards. All material submitted by applicants will be made available for public inspection after the decision to award or not award a grant based on the evaluation(s) of the applications which were submitted. This information will be available for public inspection, under supervision, during the hours of 8:00 a.m. - 4:30 p.m. in the Office for Children, Youth and Families, 1 West Wilson Street, Madison, Wisconsin. No proposal submitted to the State can be marked as confidential, and any material so marked, by being included in the application, will be considered public information.

Evaluation tabulations and scoring by individual project application evaluators will also be open for public inspection, but these scorings will not identify individual evaluators.

G. Proposal Content/Contractual Obligations

All aspects of the proposal from the successful applicant will become contractual obligations. The Division reserves the right to negotiate the award amount, budget items and programmatic content with the selected applicant prior to entering into a contract.

Justifiable modifications may be made in the course of the contract only through prior consultation with and written approval of the Division of Community Services. Failure of the successful applicant to follow these procedures may result in cancellation of the award.

II. REPORT AND CORRESPONDENCE DISSEMINATION

A. The contractor shall, at the option of the Division of Community Services (DCS), appear before Department of Health and Social Services administrators to clarify findings and to answer any questions at any time during the contract or after the contract is completed. Contractors must be willing to appear before any legislative committee if so requested.

B. Reports of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives, in accordance with a project work plan.

C. All quarterly and final reports shall be delivered to the DCS Office for Children, Youth and Families, and a copy to the appropriate DCS Regional Office on or before the dates stipulated by the Division. Failure to comply with reporting requirements may result in contract termination.

D. Reports must contain the following information in a format to be prescribed by the Division:

1. Progress toward measurable objectives identified in the work plan.

2. Problems/barriers encountered and resolutions planned/attempted.

3. Future plans.

4. Any expected modifications and/or revisions in the project work plan and in accomplishment of the objectives.

5. Such additional information as may be specified in the contract, such as monthly fiscal reports.

E. A final end-of-project evaluation report must contain documentation on the achievement of the project's overall objectives (i.e., what has been done and how successful it has been). This report should also be designed as a replication package which discusses the process of how to implement and continue successful strategies. It will focus on how the components of the project were implemented and include what barriers and obstacles were encountered and how these problems were resolved or overcome.

F. Non-Discrimination Language

All reports and correspondence written under the aegis of this application or any ensuing contract shall not employ language which could be construed as discriminatory on the basis of age, race, color, creed, religion, handicap, sex, sexual preference or national origin.

III. PROGRAM GOALS

A. Definitions For Purposes of This Grant Process

1. A "systems change" approach means that project applicants must assess all procedures, methods and services which affect the chances for children to remain in their own homes. The most important implication of this approach is that all of the parts within the service system must be assessed rather than reviewing and identifying one or two program needs without assessing all the points that impact on placement.

For example, within an agency intake functions may need to be reorganized so that services can be provided to the client family within hours of initial contact; the assignment of casework responsibility may need to be readjusted to achieve work continuity in providing family services; and staff education in specialized areas may need to be addressed. Outside of the agency there may be a need to develop closer relationships with juvenile and family court judges, with school personnel, and/or child advocacy organizations. With the community at large there may be a need to promote awareness of the advantages of keeping families together.

For another example, in many communities law enforcement personnel and juvenile court intake workers carry the primary burden of responsibility for children in crisis. These professionals are often limited by a lack of crisis resources (emergency in-home caregivers, homemakers, or emergency day care) and crisis services (mental health or other counseling). In addition, intake workers may be limited in their emergency interventions as a result of lack of expertise or access to consultants. They sometimes also face constraints due to policies which expect them to maintain inflexible regular work hours and duties in addition to crisis work. The lack of an adequate system for emergency services can result in unnecessary, traumatic out-of-home placements of children.

A systems change approach to addressing this problem might involve changes in internal agency and court policies to promote adequate core services. It might also involve the identification of resource gaps with other community agencies and citizens, and the development of needed core support services (emergency homemaker program, emergency family negotiations/counseling, emergency day care, etc.). (Further discussion of the systems change approach may be found in Appendix A to this RFP.)

2. A "family" may include all those individuals who have primary responsibility for the care and rearing of children; these may be parents, relatives other than parents, and adults not related by blood or marriage. This is not meant to include agencies or institutions paid for such care and rearing.

3. "High risk families" include all those families identified by the agency at intake or before intake where there is a strong possibility that a child(ren) in the family may be placed out of the home if interventions with the family do not occur. State-wide data from the 1982 "Inventory of All Children in Alternate Care" show that in Wisconsin families at highest risk for child placement are low income single parent families and families with adolescents. These target groups may include individuals with other presenting factors such as emotional or behavioral problems or developmental disabilities.

4. "Out-of-home care," "alternate care," means the voluntary or involuntary placement of children in family foster care, group homes, child caring institutions, State centers for the developmentally disabled or state institutes for the mentally ill or other such facilities.

5. "Metropolitan area," according to the U.S. Census Bureau comprises a county or a group of contiguous counties and is (a) densely populated with at least one large city, (b) predominantly non-agricultural in nature, and (c) well integrated economically and socially with close internal commuting ties. The metropolitan areas in Wisconsin as of the 1980 census are: Brown, Chippewa, Calumet, Dane, Douglas, Eau Claire, Kenosha, LaCrosse, Marathon, Milwaukee, Outagamie, Ozaukee, Racine, Rock, St. Croix, Sheboygan, Washington, Waukesha, Winnebago counties.

B. Purpose of the Program

The purpose of the Division of Community Services in providing these funds is to effect change in county procedures, methods or services which will preserve the integrity of the family unit, prevent the placement of children outside of their own homes, and reduce the counties' use of substitute care for children. Projects should develop the capacity to serve high-risk families so as to prevent family break-up. It is expected that agencies which develop the ability to prevent placement of children out of their own homes will be better equipped to support reunification of families and to prevent future disruption in these families. (The need for this program and key elements to its implementation are discussed in Appendix B of this RFP.)

The projects should target specific family problems which can be identified as causing family disruption. Existing family and child data must be used to demonstrate the need for the proposed project in the county. Proposals should be aimed at reaching families at highest risk of having a child(ren) removed from the home. Highest priority will be given to low income, single parent families and families with adolescents. Proposals may further specify the target group/s by including in their description other presenting factors, such as the presence of emotional or behavioral problems, or of a developmental disability of the child or the parent within the target group. Once these populations are addressed, counties may target other subpopulations of families at risk for more specialized services.

All too often removal of children from their homes has been viewed as a solution to family troubles. Historically, public resources have been directed to out-of-home placements rather than to helping the family to remain a viable and healthy unit. Due to funding patterns and placement practices, services to the families which could prevent the removal of children from their homes are often unavailable, poorly delivered or provided too late.

Therefore, the intent of this Placement Prevention Project is:

1. To encourage comprehensive service system redirection away from placement and toward family targeted placement prevention services.

2. To help "high risk" families, before a child is removed from the home, to remain viable and to lessen the "risks" in the home.

3. To enhance the quality of life for children and their families and to assure stability for children in a healthy environment.

4. To demonstrate the feasibility and effectiveness of a comprehensive approach to family targeted services.

Since this project is aimed at system change, it is expected that all participating counties will maintain ongoing contacts with the DCS Regional and Central Offices to discuss the dynamics of each project and plan for changes together as projects progress. Agencies may use the first two months of the project funding period for county-wide planning and start-up and DCS staff will be available for consultation and planning assistance.

Consultation and assistance for systems redirection and program development may be obtained prior to submission of agency proposals from the following sources:

- DCS Regional Offices' program staff
- Public and private agencies with existing models which have demonstrated achievements in this area.
- University of Iowa Center for Family Based Services
  Janet Hutchinson, System Assessment
  June Lloyd, Program Development
  (319) 353-5076
- Youth Policy and Law Center
  Melanie McIntosh, (608) 263-5533
  As part of its Child Welfare Project, YPLC is able to offer technical assistance to a limited number of counties. This technical assistance offer includes:

  1. Consultation, assessment, and training to assist in affecting systems changes to accomplish family based services, including but not limited to, the integration of human services and court services.

  2. Back-up technical assistance to county direct service staff and/or management regarding practice and legal issues in individual cases and back-up assistance with developing community resources (including help organizing community/budget approaches and/or examining alternative models).

In order to achieve a balance among funded projects, there will be at least one metropolitan and one non-metropolitan county funded. At least one project will be funded in each DCS region. If there is a shortage of proposals submitted which meet the basic requirements, the Division may, at its discretion, determine that these restrictions will not apply.

At the completion of each funded project, the Division retains the right to review the projects for pertinent information that can facilitate the development/expansion of placement prevention programs state-wide. Such information may include (but is not limited to): populations served, underserved or not served, characteristics of the families and children served, results of intervention, any special training or other needs for workers depending on the type of family problem, location of the family, and other service delivery and administrative factors that either facilitate delivery of prevention services or impede it.

IV. PROGRAM REQUIREMENTS AND SPECIFICATIONS DETAIL:

To accomplish the purpose of the grant project, the applications must address the following components.

Component #1 <u>Project Approach, Design and Implementation</u>

It is the expectation of this grant that funded projects will address the following measurable objectives:

1. Increase the number of families served in their own home before removal of a child(ren).

2. Reduce the number of placements of children in alternate care.

3. Decrease the length of stay when alternate care is used within the prevention context.

Additional expectations which proposals must address are:

- to develop systems capacity to provide appropriate and timely family based services to prevent placement;

- to use existing child/family data to target high risk families especially low income, single parent families and families of adolescents;

- to develop a body of experience with family centered programs on which future efforts may be based.

These goals must be addressed through a comprehensive "systems change" approach which would include a) service system assessment, b) assessment of the target population, and c) development of a comprehensive plan to achieve change.

Proposals should provide a description of the current service system within the county (or group of counties) that impact on whether or not a child is removed from the home. Problems or gaps in the system should be identified and solutions proposed.

If problems are present which do not easily admit of solutions, they should still be identified in the narrative even without alternative solutions. Proposals will not be down graded for not proposing solutions to all problems.

Applications must include an assessment of the target population in the area. Family profiles of children already in care should be used to develop systematic responses to existing needs. All proposals must target high risk families especially families who are poor and headed by a single parent, and families of adolescents. Proposals may further specify the target group/s by including in their description other presenting factors, such as the presence of emotional or behavioral problems, or of a developmental disability of the child or the parent within the target group.

After providing a service system assessment and a description of the target population, proposals must develop a comprehensive plan for addressing the needs identified. The plan should take a step by step approach to addressing needs:

- describe major tasks required to address needed changes;
- describe interface with other agencies and plans for interagency activities;
- identify organizational strengths and weaknesses (from service assessment);
- provide a timetable for all tasks and show relationships among tasks;
- describe any community-wide components of the plan.
- provide a statement of policy commitment to the development of family centered services by the agency and by the county board;
- identify staff who will act as program contact person in each county; identify fiscal staff if different from program staff;
- identify and include plans to meet staff development needs;

Project funds may be used after start-up date to purchase ongoing consultation or assistance from some of the agencies or other appropriate sources mentioned above.

Funds from this grant may be used for the purchase of services only under the following circumstances:

1. There is an identified gap in the current county system which the additional service fills as part of the comprehensive child placement prevention plan, and

2. The county, the vendor and other appropriate agencies form a consortium to assure appropriate referrals and to integrate the purchased service into the rest of the social services program (for follow-up; support and so forth).

If an agency is expanding an existing program to be funded through the grant, documentation must be provided to support the need for seeking funds through this grant rather than through previous or other existing sources. This grant may not replace other available funding.

Funds from this Placement Prevention Project may not duplicate or replace funds granted through the DCS "Family Support Demonstration Project for Families with a Developmentally Disabled Child." However, since the "Family Support" funds may be used for services only, and may only be used for families who have a disabled child, the Placement Prevention Project may be used for systems change and other related service development. In this way, the Family Support and Child Placement Prevention projects may complement each other in the same county.

The contractor shall identify the project contact person or persons who are responsible for programmatic and/or fiscal activities. Each project shall include budgeted items to send a project staff person to a state-wide conference on placement prevention at the end of the first year and at the end of the final year of the project as well as State or regional meetings as needed. At least eight state-wide meetings should be planned in the budget, four in each year of the project.

State/County Partnerships, Ongoing Planning and Implementation

Full cooperation and ongoing consultation between participating counties and the Division of Community Services will be required for this project to achieve its goals. Participating counties should expect that ongoing reassessment and adjustment to the accepted proposals will take place over time. Any changes in the comprehensive county plan will require agreement between the county, other agencies involved and the Division of Community Services.

Component #2 Program Coordination

Program coordination refers to the mode of operation of the applicant agency in relation to existing community resources related to the needs of people reached through the project.

The applicant must demonstrate linkages with other community services and resources. These may be shown through descriptions of:

- interagency written agreements
- informal agreements and ties with other agencies
- frequency of contact between agencies

- type of contact (e.g., referral, planning together, advocacy on behalf of clients)

- who initiates contact

- type of agency contacted (e.g., county departments of social services, school system, Department of Public Instruction, 51 Board, citizen groups, community recreation or other resources, employers, etc.)

Component #3 Evaluation

There will be two types of evaluation for this project:

1. The counties receiving grant awards will be required to do an evaluation against the measurable objectives stated under IV, Component #1, above, specifically:

   - Increase the number of families served in their own home before removal of a child(ren).

   - Reduce the number of placements of children in alternate care (target the number or percent reduction aimed for).

   - Decrease the length of stay when alternate care is used within the prevention context.

2. The second type of evaluation will require quarterly monitoring reports which will serve as evaluation reports on progress indicators provided by the agency in their implementation plans. It is expected that this would be a narrative report discussing the progress of system change within the county or group of counties. Barriers to preventing progress should be discussed along with proposed solutions and results of previous efforts.

In their application, applicants must describe how they will carry out the above evaluations and to whom evaluation responsibilities will be assigned.

V. ELIGIBLE APPLICANTS

County Departments of Social Services or Human Services Departments are eligible to submit applications for the funds. Indian tribes may apply either through their local county department of social services or human services or directly to the Division of Community Services.

VI. FUNDING

A minimum of $1,675,925 is available to fund child placement prevention programs. A maximum of $200,000 will be made available to any one project over a two year period. Project duration is 2 years (September, 1983 - September, 1985).

VII. APPLICATION PROCESS

A. Submittal of Notice of Intent

Eligible applicants should submit a Notice of Intent to apply for these funds on the required form. Notices of intent should be submitted by August 12, 1983. Submittal of Notice of Intent is not mandatory to be eligible for submitting an application.

Notices of Intent may be mailed or hand delivered. If mailed, it should be sent to:

Bev Doherty, Project Coordinator
Office for Children, Youth, and Families
Division of Community Services
P.O. Box 7851
Madison, WI 53707

If hand delivered, it may be brought to the above address, to any DCS Regional or District Office to be forwarded to the above address or it may be hand delivered at the August 4-5 Conference in Stevens Point.

B. Submittal of Application

1. Number of copies. The total number of copies of the application which are required to be submitted is eight (8).

2. Closing Date. The closing date for the receipt of all applications under this solicitation will be September 2, 1983. Applications may be mailed or hand delivered. An application will be accepted and considered received on time if:

   a. The application is hand delivered to the address below by 4:30 p.m. on September 2, 1983.

      Bev Doherty, Project Coordinator
      Office for Children, Youth and Families
      Division of Community Services
      P.O. Box 7851
      Madison, Wisconsin 53707

   b. The application is hand delivered to any DCS Regional or District Office (addresses for the DCS Regional Offices are included in this RFP) by 4:30 p.m. on September 2, 1983.

   c. The application is mailed by certified mail or registered mail to the address under b. above on or before September 2, 1983.

Applications which do not meet one of the above criteria will not be accepted and will be returned to the applicant. There will be no exceptions allowed.

NOTE: Applicants are advised to use certified or registered mail when mailing in the application since it sometimes takes several days for mail from outlying areas to be delivered in Madison.

C. Withdrawal of Application

Proposals may be withdrawn by written or telegraphic notice. Proposals may be withdrawn in person by the applicant or his/her authorized representative, providing that his/her identity is made known and he/she signs a receipt for the proposal.

D. Supplemental and Clarifying Information

Unless requested by the Division, no additional information will be accepted from an applicant after the deadline for submittal of applications.

VIII. TECHNICAL AND PROGRAMMATIC ASSISTANCE

Technical and programmatic assistance regarding the application guidelines and in completing the project design is available upon request. If you need assistance or have questions, please contact:

Bev Doherty, Project Coordinator
Office for Children, Youth and Families
Division of Community Services
P.O. Box 7851
Madison, Wisconsin 53707
(608) 266-3595

In addition, programmatic assistance is available from the individuals and agencies shown on page 6.

IX. BIDDERS CONFERENCE

On August 4 and 5, 1983, a conference entitled "Resources for Family Based Services" will be held at the University of Wisconsin, Stevens Point. This conference will bring together existing Wisconsin and national resources now providing some of the types of programs for which these funds are intended. In addition, there will be a plenary session on the systems change approach of this Child Placement Prevention Project. Many of the individuals listed on page 6 who are available for consultation and assistance to county agencies in developing and/or implementing their proposals will be at the conference. Finally, the last one and one-half hours of the two day conference will be a Bidders Meeting at which any technical or programmatic questions concerning this RFP may be answered or discussed.

X. REVIEW CRITERIA AND PROCEDURES

DCS Evaluation

The applications received will be reviewed on a competitive basis by the DCS Evaluation Team and ranked accordingly. The DCS Evaluation

Team (consisting of State staff and members of the Wisconsin Child Welfare Advisory Committee) will be responsible for the review and evaluation of technical merit. Members of the evaluation team will not consist of any of the individuals who provide programmatic or technical assistance to applicants. Competing grant applications will be reviewed and evaluated according to the following criteria:

20 points — Problem Statement/Needs Assessment

A well documented presentation, including statistical data. Applicant documents that these services currently are not readily available through any other agency, or existing services, in the area. The project documents an understanding of the scope of the problem and has clearly identified a reasonable approach to addressing the problem in a way which utilizes and coordinates Wisconsin's service systems and people resources.

15 points — The Applicant Agency(ies)' Personnel and System

The agency either has existing qualified personnel or has proposed a functional staffing or volunteer pattern which is capable of supporting program activities. Staff which will be charged to the grant have been fully justified and are reasonable and necessary for carrying out the project. Personnel, including volunteers, proposed for this project are or will be well qualified as evidenced by position requirements, education/experience, and/or proposed training plans. If an agency has an existing program, it must document that previous or other possible funding sources are not available to continue the program, or that the grant funds will only be used to expand the existing program.

20 points — Target Group

The target group described in the proposal is consistent with the stated purpose of the RFP, which is "high risk" families, families who are poor and headed by a single parent and families of adolescents. Proposals specify the target group/s by including in their description other presenting factors such as the presence of emotional or behavioral problems or a developmental disability of the child or parent within the target group. The agency identifies a reasonable number of people to be served by the program. Specific information about the diversity of the population in the area to be served has been identified where known and available, particularly as such information may relate to multiple target populations. The geographic boundaries in which the target group is located are fully described.

15 points — Program Objectives

The objectives of the project are consistent with the intent and the objectives of this grant program Objectives indicate that specific needs will be addressed in the proposal and that the public will be well-informed about the availability of the program. Objectives are measurable, describe outcomes and/or end states, are time limited and are achievable during the grant period. Program effectiveness can be evaluated based on the objectives.

35 points — Methods/Work Plan

The methods described in the proposal and work plan are related to the objectives for a systems change approach to placement prevention, will facilitate the project's accomplishing what has been proposed and are sequentially reasonable. For all methods proposed, the rationale for their selection and sequence is clearly presented and is based on capabilities, experience, and/or proven practice. Methods and activities in the work plan are clearly assigned to personnel. The selection of personnel for assignment of activities is appropriate given the specific personnel requirements of the person or position. The methods are consistent and reasonable given the staffing pattern described and the budget proposed. The proposed budget coupled with existing resources is sufficient to carry out the methods and activities proposed. The time frames described for all tasks and activities in the work plan are appropriate and sufficient.

15 points — Coordination

The applicant agency shows ability to develop or existing capacity to work cooperatively with existing provider agencies and organizations and other voluntary groups whose support will contribute to or is necessary for the success of the proposed program. Necessary linkages are identified with local individuals and organizations. If required to carry out the project, memorandums of understanding or interagency working agreements are included in the application. The coordination activities demonstrate the potential for this project to continue once State grant funding is no longer available.

15 points — Project Evaluation

Evaluation focuses on all aspects of the goals/ objectives described in the proposal. Project evaluation strategies are methodologically sound and are based upon the project's measurable objectives. The

evaluation plan describes the evaluation design, what data will be collected, what quantitative and qualitative measurement techniques will be used, provides a data collection schedule and describes what records will be kept. It must specify and state to whom the various evaluation tasks are assigned. It must include a plan for analysis and interpretation of data in relation to each objective. The proposed budget to carry out the evaluation is reasonable.

The total number of points which an applicant can score is 135 points.

NOTE: The budget will be the subject of review as it applies to each of the review criteria. Specifically, as it is expected that State funds will support agency staffing, volunteer expenses, the methods/work plan, and evaluation activities, the budget will be reviewed in the context of these portions of the proposal. Evaluators will consider reasonable cost allocations and whether staff and volunteer resources are consistent with successful implementation of the project.

XI. AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and applicants will be ranked according to the numerical score received. All materials will then be presented to the Division of Community Service's Administrator. The Division Administrator will make a decision based upon the highest numerical score, the lowest estimated project cost, and such other data as may relate to the ability of the contractor to implement its proposal. The Division reserves the right to reject any or all proposals and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected applicant(s) prior to entering into a contract. The funds will be awarded by the DHSS to counties through an addendum to the State/County Contract.

XII. NOTICE OF NON-APPROVAL AND RIGHTS OF APPLICANTS

Each applicant whose proposal is reviewed by the DCS Central Office Evaluation Team shall receive written notice of the determination of approval or non-funding of the proposed project.

After notification of awards are made, and under the supervision of Division of Community Services staff, copies of all proposals will be available for public inspection 8:00 a.m. to 4:30 p.m. in the Office for Children, Youth and Families, 1 West Wilson Street, Room 121, Madison, Wisconsin.

Each applicant whose project has not been approved shall be given an opportunity to discuss with the DCS Project Coordinator the reasons for non-funding or may write the DCS representative requesting the reasons for the decision.

The DCS Project Coordinator will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

XIII. APPEAL PROCESS

All appeals must be made in writing and must fully identify any contested issues. Subjective interpretations by the Evaluation Committee are not subject to protest or appeal.

The written notice of appeal must be filed with the Administrator of the Division of Community Services and received in his office no later than 4:30 p.m. on September 23, 1983 or within nine (9) calendar days after the notice of award(s) are postmarked, whichever is later.

APPENDIX B

ASSESSMENT FORMS

WISCONSIN DHSS
Division of Community Services
DCS-84 (10/84)

Completion of this form meets the requirements of the State/County Contract specified in s.46.031(2)(c)2, Wis. Stats.

FAMILY BASED SERVICES ASSESSMENT
CHILD PLACEMENT PREVENTION EVALUATION

☐ Baseline ☐ Monthly ☐ Outcome

Person Completing Assessment	Date Assessment Completed
Worker ID	Previous Worker/Family Contact ☐ Yes ☐ No
FAMILY - Case Name	Family Number
Address (include zip)	Telephone Number

SECTION I

HOUSEHOLD MEMBERS										
Cl. No.	NAME	Sex	ES	MS	EG	DOB	Rel. to Cl. 1	RP	Attitude Toward At-Risk Child(ren) Remaining in Home	LA
1	(PARENT)									
2										
3										
4										
5										
6										
7										
8										
9										
10										

SEX
F - Female
M - Male

EDUCATIONAL STATUS (ES)
0 - Preschool
1 - Attending school, if not attend., highest level completed:
2 - Less than 6th grade
3 - Junior High
4 - High School
5 - Vocational
6 - Junior College
7 - College
8 - Graduate/Professional

93

MARITAL STATUS (MS)
D - Divorced
M - Married
L - Separated-Legal
P - Separated-Other
S - Single
W - Widowed
U - Unknown

ETHNIC GROUP (EG)
B - Black
I - Amer. Ind
H - Hispanic
O - Oriental
W - White
X - Other relative

RELATIONSHIP TO CLIENT #1
S - Present Spouse
X - Former Spouse
P - Parent
A - Adoptive Parent, non-relative
W - Stepparent risk
J - Alleged Father-not adjudicated
F - Foster Parent
H - Foster Sibling
L - Sibling
R - Other Relative
C - Child
I - Adoptive Child
B - Step Child
D - Foster Child
O - Other Non-relative

RISK FOR PLACEMENT (RP)
1 - No risk
2 - Minimal risk
3 - Moderate risk
4 - High risk

ATTITIDE
A - Strongly Positive
B - Positive
C - Neutral/mixed
D - Negative
E - Strongly Negative

LIVING ARRANGEMENT (LA)
AH - Adoptive Home
LI - Living Indep.
LR - Adult living in house of relative
CP - Child living with parents
CR - Child living with other relative
PI - Correctional Fac.
FG - Foster home
FP - Foster home, perm.
GF - Group home, family
GA - Group residence, agency
RF - Residential care
OO - Other: _____

94

79

SECTION II FAMILY INCOME

80

___ 0-5,000 ___ 5-10,000 ___ 10-20,000 ___ 20-30,000 ___ over 30,000 ___ Unknown

SECTION III SOURCE OF INCOME

CODE: (If more than one, circle categories) ▶

WS - Money Wages or Salary
SE - Net Income from Nonfarm Self-Employment
FE - Net Income from Farm Self-employment
SS - Social Security
DI - Dividends, Interest (on savings or bonds), Income from Estates or Trusts, Net Rental Income or Royalties
AW - Public Assistance or Welfare Payments (AFDC, GR, SSI, RNIP) (AFDC, GR, SSI, RNIP

PA - Pension and Annuities
UC - Unemployment Compensation
WC - Worker's Compensation
AL - Alimony
CS - Child Support
VP - Veteran's Pensions
UU - Unknown

SECTION IV EMPLOYMENT INFORMATION

Client Number	Employer	Telephone Number	Employ. Code	EMPLOYMENT STATUS CODES
				FP - Full Perm. UH - Home
				FT - Full Temp. UR - Retired
				FS - Full Seasonal UD - Disabled
				PT - Part Perm. UL - Laid Off
				PS - Part Seasonal UT - Other
				US - Seeking XX - Unknown
				U - Student

SECTION V EDUCATIONAL INFORMATION

Client Number	School Name	Contact Person (Teacher)	Educ. Code	EDUCATIONAL CODES
				01 - Foster Care 11 - Family Therapy
				02 - k-3rd 07 - Jr. College
				03 - 4th-7th 08 - College
				04 - Jr. High 09 - Graduate/Prof.
				05 - High 10 - Dropped Out
95				96

SECTION VI SOURCE OF REFERRAL TO AGENCY

CODE: (Indicate category below) ▶

B - Clergy
O - Probation Officer
P - Medical
S - Self-Referral
A - Social Agency
C - Court
L - Law Enf. Agency
N - Non-Related Individual
U - Other Organization
R - Relative
E - School
G - GR Agency
J - Client Int. Group
M - 51 Agency
X - Unknown
W - WIN Reassessment

SECTION VII

AT THE TIME OF REFERRAL WAS/WERE PARENT(s) REQUESTING PLACEMENT OF THE CHILD(REN) ☐ Yes ☐ No

SECTION VIII FAMILY'S PREVIOUS SERVICE HISTORY

Service Code	From (mo/yr)	To (mo/yr)	Target Cl. #	Service Code	From (mo/yr)	To (mo/yr)	Target Cl.#

SERVICE	
01 - Foster Care	11 - Family Therapy
01 - Adoption	12 - Indiv. Therapy
03 - Homemaker	13 - Inpatient Hosp.
04 - Day Care	14 - Public Health
05 - MR/DD agency	15 - Outpatient Psych.
06 - DSS Adult Serv.	16 - Pastoral Counsing
07 - DSS Child Protect	17 - Family Based Serv.
08 - Residential Treat.	18 - _____
09 - Substance Abuse	19 - _____
10 - Vocational Rehab.	20 - _____

SECTION IX CHILD PLACEMENT HISTORY (IF NOT APPLICABLE, GO TO SECTION X)

Client No.	From (mo/yr)	To (mo/yr)	Where Placed	Placmt Reason	Resolution
97					

Placement Codes

01 - Victim of Abuse	09 - Mental Illness
03 - Victim of Neglect	10 - Victim of Sexual Abuse
03 - Substance Abuse of Parent	11 - Substance abuse
04 - Parental Abandonment	12 - Short-term respite
05 - Parent Hospitalized	13 - Truant
06 - Antisocial Behavior of Parents	14 - Wisc. Chips pet.
07 - Antisocial Behavior of Child	15 - _____
08 - Mental Retardation	_____

PLACEMENT REASON

WHERE PLACED

01 - Foster Home
02 - NLRR Foster Home
03 - Group Home
04 - Relatives
05 - Residential Treatment Facility
06 - Independent Living
07 - Detention Facility

RESOLUTION

01 - Child Returning to Family
02 - Presently in Placement
03 - Parental Rights Terminated
04 - _____

98

SECTION X ASSESSMENT OF FAMILY FUNCTIONING

(For each item, check the category that best describes the family.)

ITEM	Unknown	Not a Problem	Slight Problem	Moderate Problem	Serious Problem
Income					
Clothing					
Housing					
Medical/Dental Care					
Nutrition					
Transportation					
Other:					
PARENTS:					
Job Training/Employment					
Mental Health					
Abuse Child(ren)					
Neglect Child(ren)					
Substance Abuse					

ITEM	Unknown	Not a Problem	Slight Problem	Moderate Problem	Serious Problem
PARENTS (Continued)					
Social Isolation					
Law Violations					
Other:					
CHILDREN					
School Attendance					
School Performance					
Job Training/Employment					
Mental Health					
Behavior (acting out, runaway)					
Substance Abuse					
Mental Retard./Dvlpmtal disab.					
Other:					

INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS REGARDING THIS FAMILY:

CATEGORY	Strongly Agree	Agree	No Opinion	Strongly Disagree	Disagree
Parents practice adequate income management skills					
Parents practice adequate home management skills					
Parents provide appropriate supervision of children					
Parents practice appropriate disciplinary techniques					
Parents provide nurturance to children					
Satisfactory marital relationship exists					
Satisfactory sibling relationship exists					
Family members communicate satisfactorily					
Family has support systems in the community					
Parents have realistic expectations of children					
Parents respect children's need for independence					

SECTION XI SERVICE PLAN

Indicate primary problems and services to be provided (In-Home, Purchased, Referrals, etc.). Attach additional sheets, if necessary.

PRIMARY PROBLEM	SERVICES TO BE PROVIDED
A.	A.
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G.	G.

SECTION XII DISPOSITION

a. ☐ FILE CLOSED

Termination Date: _____

Termination Reason: (check one)

☐ Family successfully resolved Primary Problem

☐ Family Terminated Services
Reason:

☐ Agency Terminated Services to Family Without Resolving Primary Problems
Reason:

101

b. ☐ FAMILY TRANSFERRED TO ANOTHER UNIT IN AGENCY

Transfer Date: _____

Explanation:

102

WISCONSIN DHSS
Division of Community Services
DCS-85 (10/84)

Completion of this form meets the requirements of the State/County Contract specified in s.46.031 (2)(c)2, Wis. Stats.

MONTHLY WORKER LOG

CHILD PLACEMENT PREVENTION EVALUATION

Month	Year	Worker ID	Number of Cases

	CLIENT RELATED HOURS																	NON-CLIENT RELATED HOURS						
	Direct Services										Purchased Services													
CASE NO.	IN-HOME	IN-OFFICE	IN-FIELD	TELEPHONE	IN-GROUPS	COLLATERAL	STAFFINGS	TRANSPORTATION	PAPERWORK	OTHER							TOTAL CLIENT RELATED HPS	PROGRAM DVLPMT	ADMINISTRATIVE	STAFF DVLPMT/TR	SICK LEAVE	VACATION LEAVE	OTHER	TOTAL NON-CLIENT RELATED
TOTALS																								

FOLLOW-UP DATA FORM
3 MOS.

NOTE: PRIOR TO CONDUCTING THE TELEPHONE OR IN-HOME INTERVIEW, THE WORKER COMPLETING THIS FORM MUST FILL OUT THE BOXED SECTIONS

Date of follow-up: _____
Check one: __visit __phone
Date Services Began: _____
Date Services Terminated: _____

Family Case Name: _____
Family Case Number: _____
Worker: _____
Check if worker is new to family: _____

I. Household Composition

list all household members from Baseline, Monthly and Outcome Data Forms

Name

_____
_____
_____
_____
_____
_____
_____
_____

Address: _____
_____

Residence (if different from above, describe)

_____
_____
_____
_____
_____
_____
_____
_____

II. Were any children placed out of the home since services were terminated?
__NO
__YES If YES, explain circumstances:

Date of placement: _____ Child placed: _____ Type of placement: _____
Reason for placement: _____
Service plan: _____
_____

Is there a petition for termination of parental rights? __Yes __No

III. Is the family currently receiving services from this or other social service agencies?
__NO
__YES If YES, describe: _____
_____
_____

V. Primary Problems:

list primary problems from Baseline, Monthly and Outcome Data Forms

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
_____

Ask client family representative:
Has this problem been resolved:
(circle one)

completely	partially	no change	worse
completely	partially	no change	worse
completely	partially	no change	worse
completely	partially	no change	worse
completely	partially	no change	worse
completely	partially	no change	worse
completely	partially	no change	worse

V. If client's response is "no change" or "worse", explain:

Problem 1. _____
Problem 2. _____
Problem 3. _____
Problem 4. _____
Problem 5. _____
Problem 6. _____
Problem 7. _____

VI. Ask client family representative:

How much do you feel your family was helped by this program? (circle one)	very much	somewhat	made no difference	made things worse

If worse, explain: _____

VII. Do you wish further service from the agency?

___NO
___YES If YES, describe: _____

VIII. To the worker: Are you recommending further services?

___NO
___YES If YES, describe: _____

APPENDIX C

FIGURE 3. KEY TO CHILD PLACEMENT PREVENTION PROJECTS

County	In-Home Services	Parent Support Groups/ Classes	Parent Aides	Emergency Cash Funds	Child/ Adoles. Support Groups	Service Teams	Assessment Teams	Contracted
Ashland		X		X			X	
Dodge		X			X	X		X
Eau Claire	X		X	X			X	
Fond du Lac	X					X		
Iowa	X	X	X					
Kenosha		X			X			X
La Crosse		X		X	X		X	
Marinette	X		X					
Menominee	X	X	X				X	
Milwaukee	X		X					
Oneida	X	X	X		X		X	
Pierce	X							
Sheboygan	X		X			X	X	X
Winnebago	X					X		X